

## California State Journal of Medicine.

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Medical Society of the State of California

PHILIP MILLS JONES, M. D., Secretary and Editor

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### IMPORTANT NOTICE

Notify the office promptly of any change of address, in order that mailing list and addresses in the Register may be corrected.

JUNE, 1904.

## EDITORIAL NOTES.

The secretary has already sent a letter to the secretary of each component society, giving notice of the action of the House of Delegates at the last meeting, on the matter of assessment for the next year. There seems to be some little misunderstanding as to the exact situation. The fiscal year of the State Society is from the end of one annual meeting to the end of the next annual meeting. The following extract from the minutes of the Board of Trustees, January 6, 1904, will probably clear up this matter somewhat: "Moved, that the assessment of county medical societies for the year April 24, 1903, to April 21, 1904, be fixed at one dollar (\$1) per member. Carried." Under the new constitution it became the duty of the House of Delegates to fix the amount of this assessment, and they did so at the second session, Wednesday, April 20, 1904, making the assessment for the year April 21, 1904, to April 20, 1905, two dollars (\$2) per member, thus increasing it over previous years. By resolution, unanimously carried, they also made one-half of this amount payable on or before July 1, 1904, and the balance payable on or before April 1, 1905. The reason for this action is simple. In order to build up the publications and make them eventually self-supporting, they must have advertising; in order to get this advertising, an advertising solicitor must be paid a commission on his work. The Register will be brought out about the middle of September, and the money must be available for paying commissions on the advertising secured as it is turned in

—that is, in June and July. All commissions are payable when the contracts are *accepted*, and *not*, as many suppose, when they are *paid for*. The State Society was giving too much for the money. The dues, even at \$2, are the lowest of any State Society in the country, so far as we are aware. This was agreed to, unanimously, by the delegates. County society secretaries should take this matter up at once and have a remittance for the amount (\$1 per member; one-half the assessment for the year ending April 20, 1905) sent to the office of the State Society as soon as possible. Work has already begun on the next edition of the Register, and contracts for advertising are now being brought in. Please do not delay in attending to the matter of this modest assessment.

At the Paso Robles meeting of the State Society the new Constitution and By-Laws, practically as recommended and with only minor alterations—mostly of phraseology—was adopted. This action is exceedingly important, for many reasons. The word "regular" was stricken from the document, and the personnel of the membership in county societies is placed absolutely in the hands of each county society. Every legally qualified practitioner of medicine who does not claim to practice any "pathy," should be eligible to membership. This does not mean that every county society must elect every physician, regular, homeopathic or eclectic, to membership. It simply means that each society shall judge for itself. Each component society should now take similar action and see that the word "regular" is dropped out of its organic law. If, then, two-thirds of the members in any county society wish to elect a legally qualified physician who does not claim to practice any special school of medicine, but whose license to practice is based upon a homeopathic or an eclectic degree, they may do so. The actual facts involved are broad and plain, easily understood and not liable to misconception. Hair-splitting, as an active pastime, should be relegated to the "calomel and jalap" days of the past, or the time of the millionth dilution.

We have recently received a letter from Dr. Van Zwalenburg, of Riverside, giving some information as to the hotel accommodations at the New Glenwood Hotel, Riverside, which was chosen as the place for the next meeting of the State Society. He states that at the time of our meeting at Paso Robles the New Glenwood Hotel could have accommodated 325 additional guests, one in a room, or 400 additional, two in a room where possible. The rates next year

will be \$2.50 per day for room without bath, and \$3 for room with bath; meals included. In addition to the accommodations at this hotel, other near-by hotels could have accommodated guests to the extent of some 200. It would appear from this showing that there will be ample and comfortable accommodations for from 500 to 600 members, and we sincerely trust that such accommodations will be entirely taken up. At the last meeting there were 128 members registered, and probably from 25 to 50 who did not register. With the friends and relatives of those in attendance, it is safe to say that there were at least 225 people at the meeting. Had there been ample accommodations, the number would undoubtedly have passed the 300 mark. Next year we should have at least 300, and there ought to be even more. The physicians of Riverside have already commenced their arrangements for the meeting, and the Committee on Program has outlined its work for the year and will almost at once begin active work upon the program. Everything promises for a far bigger and better meeting than the Society has ever before held.

The "newer materia medica," largely composed of synthetics and coal-tar derivatives, is both an interesting and a staggering problem. **SYNTHETIC REMEDIES.** Many men of excellent judgment and cool, far-seeing calculation, have expressed the opinion that these newer chemicals are the materia medica of the future, and that their introduction and use will go far toward making of medicine a more exact science. This may or may not be true. Unfortunately, time in large doses is required to determine the exact status of any remedy; to develop its peculiarities and eccentricities, its anomalies and idiosyncrasies. The chemistry of the last fifty years has busied itself very largely with the problems of synthesis, and the results have been truly astounding. If a chemical produced in the laboratory of man has the identical characteristics and physical properties of the product of nature's laboratory, it would seem to follow that it should have the same therapeutic action. Every argument of analogy and reason would indicate the identity of the two; yet there are clinical observers who claim inequality of therapeutic action. Are these claims based upon sound reason or upon prejudice; upon fact or fancy? The very great value of some of these newer chemicals cannot be disputed, though it is to be deplored that they are so absolutely controlled and owned by individual houses as to identify their recommendation with the commercial exploitation of business enterprise. While this is, in itself, antagonistic to one of the most deeply rooted principles of medical ethics, it remains a still more profound fact that the physi-

cian's first and paramount duty is to his patient, and that thing which will help his patient most is the thing which he should use. This, of course, is said only of definite chemicals; it goes without saying that he cannot tell whether any remedy the composition of which he does not know, will help or harm his patient; hence such should never be used under any circumstances.

We, in the West, are greatly favored of Divine Providence in many ways. We are not quite so narrow-minded and hide-bound as some of our friends and professional relatives in the East, where, especially in New York, harmonious organization has been prevented for a number of years largely through the small and narrow-minded intellect of a few men. (That "few" is really poetic license; there are more than a "few.") When, at last, the condition of warfare due to hair-splitting extraordinary, and personal jealousy paramount, could no longer be tolerated by the majority, and amalgamation was forced, there only remained some of the journals of peculiar insignificance to mourn the coming of peace. That medical "bloody shirt," the code of ethics, now but a shred of its sometime self, is flaunted by the *Post Graduate* for April. It also takes exception to the *Association Journal* and quite approves of the silly stuff supposed to be "editorial" argument printed by the *Buffalo Medical Journal*, and commented on in our April issue. The *Post Graduate* thinks that the large medical weeklies will be willing to print all the "good papers," and perhaps all the papers (evidently they are not all "good," even in New York!), and then at the end of the year the moss-covered volume of "annual transactions" will be sent to each member. But if the papers—or at least the "good papers"—have been already printed, why go to the expense of issuing the volume? Nobody wants the papers that are not good. The poor old ostrich-like *Post Graduate* can see no use for a large organization, nor for a "great and permanent political and literary machine." A "permanent political machine" is just what a large number of physicians in this country, represented in the A. M. A., is striving heart and soul to bring about. The *Post Graduate* seems to think the whole movement of organization is the result of the attempt on the part of the secretary and editor of the *A. M. A. Journal*, and the editor of the *N. Y. Association Journal*, to continue themselves in salaried positions. Unless things have materially changed in New York, very recently, the editor of the *Association Journal* does not get enough salary to buy postage stamps with. It seems to take some people a very long time to discover that "the world do move."

The *Ladies' Home Journal*, for May, publishes a table giving the percentage of alcohol contained in a number of the more common **ALCOHOL IN** so-called "patent medicines," or **NOSTRUMS.** nostrums, taken from the Massachusetts State Board Analyst. This we print on page 185. The editor of the *Journal* gives a scathing rebuke to the old Women's Christian Temperance Union and to most of the theologic press for permitting the wholesale consumption and advertising of these murderous compounds. There is probably not a single doctor in the land who does not know of at least one person who is ignorantly or innocently consuming more or less alcohol through the medium of one or another of these deadly compounds. Is it not our positive duty to warn our patients or our friends of what they are doing? Of the fact that they are simply cultivating the liquor habit? Think of the pregnant woman, or the young mother nursing her child, who is at the same time submitting that innocent child to the influence of large quantities of alcohol, taken in the bottles and bottles of this stuff? How many thousands of women are ruining themselves and their homes by taking to alcohol through the medium of Lydia Pinkham's Vegetable Compound (alcohol), or Hood's Sarsaparilla (alcohol), or Peruna (alcohol). This table we have had printed on slips and these will be furnished to any physician or pharmacist in the state who will ask for them. They can be handed, with or without comment, to any one who you know is a victim of the nostrum habit. Drop a line to the *JOURNAL* office and we will send you some of these slips, which you can give to your patients. It is your plain duty as a man and a physician to do all that you can to put a stop to this traffic in life and honor.

The Medical Society of the State of California publishes the only official Register and Directory of physicians in California, once a year. The State **UNAUTHORIZED PUBLICATIONS.** Society has nothing to do with any other "directory" or "register," does not aid or countenance the publication of any such things, and desires particularly to warn the members of the Society and the advertisers in the Society's publications against any possible misunderstanding. We make this statement for the reason that certain statements have come to our knowledge which, to say the least, are misleading. There are at least two alleged "directories" of physicians in course of preparation at the present time. One of these proposes to confine itself to members of the Society, and to publish the photograph of each member; whether for a consideration or not, we do not know. Please do not for a moment be lead into

believing that the Society has anything to do with these ventures, or approves or countenances them. All the business of the Society is done *through the publication office*, and under the direct control of the Council; no commercial or publication house has anything whatever to do with the official publications of the Society. There may be errors in our official register, but in comparison with any of the alleged "directories" which have come to our notice, it is a lasting monument of absolute perfection!

Digitalis—or rather the commercial preparations of the drug—have been found wanting by a member of the Society, whose communication on the subject will be found on page 184. The *JOURNAL* wishes to call particular attention to this matter and ask that those who have had experience, clinically, with digitalis in one or more of its commercial preparations, will be good enough to advise us of the result noted from such use. Many times has question arisen as to the value or worthlessness of the average tincture or fluid extract of digitalis. The writer of the letter in question does not underestimate the importance of the matter; it may mean life or death to the patient. The opinion which he expresses is one held by many physicians of experience, but we should like very much to hear from members of the Society specifically. The fault may be with the crude drug, with the manufacturer or with the dispenser, if fault there be. But if, in the opinion of those who have had much experience with these preparations, they are unreliable, then indeed we should know it, and as soon as possible. Please communicate your views to the *JOURNAL* for the benefit of your fellow-members in the Society.

At the May meeting of the San Francisco County Medical Society, amendments to the constitution and by-laws of the society were introduced, which, if **THE REVISED CONSTITUTION.** they are adopted, will bring the law of the county society into line with that recently adopted by the State Society. The word "regular" is eliminated from the document in question. The proposed amendments will be found published elsewhere in the *JOURNAL* and should receive the careful attention of all members of all county societies. The method of election is peculiar to this county society and was adopted several years ago for numerous reasons. All county societies now have the privilege of electing to membership any legally qualified physician who does not practice nor claim to practice, nor advertise himself as being connected with any special and particular school of medicine.



## THE ACTIVE PRINCIPLE OF THE ADRENAL GLAND:

## WHAT NAME SHALL BE GIVEN TO IT?

By PHILIP MILLS JONES, M. D.

THIS is a calm, unbiased, unprejudiced presentation of one of the gravest problems and most vexatious difficulties confronting the conscientious medical editor who wishes to do right by all concerned and show particular favoritism to none. It is my sincere and earnest wish that it may be so construed, and no ulterior motive interjected into a matter where none properly belongs.

On account of the very important place in medicine and surgery which the active principle of the adrenal gland took immediately upon its presentation to the medical profession, it offers an illustration of the questions at issue which will, I think, bring them immediately home to every physician. They are profound questions and will have to be met and solved, some day, by the medical profession of this country. To many of us it appears as though that day had arrived.

The suprarenal gland has been the subject of investigation by chemists of the first rank since 1859, when Vulpian offered the first contribution to the subject. In this country the gentlemen principally identified with these investigations are Takamine and Abel. Takamine first discovered that the active principle could be precipitated from a concentrated solution of the glandular tissue by ammonia. He named his crystalline active principle Adrenalin. The process was patented and the name trade-marked, and is now the property of Parke, Davis & Co. Prof. Abel has named the active principle Epinephrin, and the ordinary solution, epinephrin hydrate. As the name (Epinephrin) is not trade-marked, but is free to science and commerce, it is here used to define the active principle in question. The reasons for using this name rather than any other will later appear.

The exact chemical formula of this active principle has been the subject of considerable controversy between Abel, Crawford, and others on the one side, and Takamine and Aldrich and their followers on the other. The former give the probable formula as  $C_{10}H_{17}NO_3$  (epinephrin), and  $C_{10}H_{17}NO_3 \cdot \frac{1}{2}H_2O$  epinephrin hydrate; the latter give the probable formula as  $C_9H_{11}NO_3$ , adrenalin. Recently Jowett, in *Proc. of the British Chem. Soc.*, reports a confirmation of the last named formula. Be the fact as it may, there is agreement amongst these gentlemen, as to what they have found, and disagreement only as to its exact chemical formula. They may all be wrong, for subsequent investigation may show that more than one substance is represented in the thing known as epinephrin.

The process employed by Abel for isolating the crystalline active principle which he has named epinephrin does not appear to infringe the patent rights taken out by Takamine and now held by Parke, Davis & Co.; nor does it appear to have been patented. Several manufacturers in this country have availed themselves of the method of Abel and have placed upon the market preparations of epinephrin, each under a distinct and trade-marked name. Thus, Frederick Stearns & Co. have placed upon the market Adnephrine (formerly called Adrenol); Armour & Co. have marketed Suprarenalin; more recently, the H. K. Mulford Co. have called attention to their preparation of the same substance, Adrin. Each of these houses claims that its product is the identical active principle

of the adrenal gland (named epinephrin); yet each claims superior advantages for its own preparation. Furthermore, the name used by each house is controlled through registration as a trade-mark, by that particular house, and can be used by no other person or manufacturer.

This state of things produces a result that is most exasperating. If a physician recommends adrenalin or adrin, he is commending *not* the active principle of the adrenal gland—epinephrin—but *that particular brand* of this chemical which is made, owned and controlled, in the one case by Parke, Davis & Co., and in the other by the H. K. Mulford Co. Nature makes, in the gland, epinephrin (a word that nobody owns; a word free for anyone to use); but only Parke, Davis & Co. can make adrenalin, and only the H. K. Mulford Co. can make adrin. All concerned agree that the thing itself is, in each case, the same thing, whether the actual formula of the chemical is represented by 9 atoms of carbon, as claimed by Takamine, or 10 atoms of carbon, as supported by Abel, or whether it is extracted after the process of Takamine, or by the method of Abel.

All physicians are not, intentionally, going through life advertising the preparations of any one particular house nor exploiting that house as against others. Yet that is exactly what the physician referred to does when he commends the product in question under its trade-marked name. What he means to say is that he recommends the employment of the active principle of the adrenal gland—the product of nature—epinephrin. The claim has been made repeatedly that priority of introduction should entitle that particular house to the general use of the name which it gives to the thing introduced. This claim would be granted at once if such name was not covered by trade-mark and thus excluded from free use in science and art and commerce. *Any one* may make epinephrin after the method of Abel; but *no one* can make adnephrin or adrin, which are really only two brands of the same identical thing, except the houses of Frederick Stearns & Co., or the H. K. Mulford Co., respectively.

The unfortunate condition of which this is but an illustration is brought still more emphatically home to us for the reason that every one of the houses manufacturing preparations of epinephrin, so far as I am aware, is of the first rank in pharmaceutical manufacturing. Undoubtedly all of these preparations are well and carefully made and reliable, and I can see no reason for specifying any particular brand, other than friendship for the particular house making it, or agreement with the claim that priority of introduction should receive recognition. But, as various physicians will specify or write for all of these various preparations, the poor pharmacist finds himself in the uncomfortable position of being obliged to carry in stock six or eight probably identical preparations. It is obvious that he is thus compelled to invest six or eight times as much money as is really necessary, if it be admitted that all of these preparations are merely brands of the same thing—epinephrin, the active principle of the suprarenal gland.

This condition of things is becoming every year more intolerable, especially to such medical editors as are conscientious in the discharge of their duty, and, soon or late, it will be corrected. The plan which I have advocated in season and out, for the past two years, offers a solution of the difficulty at once practicable and satisfactory. The establishment of a National Bureau of Medicines and Foods would secure the adoption of names free to commerce and to science, while at the same time offer every possible protection to capital invested in honest, legitimate pharmaceutical enterprises.



## SCURVY IN INFANTS.\*

By WILLIAM FITCH CHENEY, M. D.

Professor of Principles and Practice of Medicine, Cooper Medical College, and Physician to Lane Hospital, San Francisco.

**H**AVE recently seen in consultation two very similar cases of disease in infants; yet in each case the physician in charge frankly stated that the symptoms were new to him, and that he did not know how to interpret them. Having seen a number of such cases before, and feeling sure that the condition is a not uncommon one, I am prompted to call the attention of the profession once more to scurvy as it occurs in infants. My recent cases were as follows:

Case No. 1. Seen in consultation in Menlo Park, January 9, 1904; a male infant, aged 8 months. For several weeks the baby's appetite had been failing and he had been growing more and more restless and sleepless. Several times during these weeks his napkin had been stained with blood passed with the urine. Recently great tenderness had been noticed about both lower limbs, so that he screamed when raised or handled, or especially when his limbs were elevated to change his napkin. Finally, a few days previous to my visit it was observed that the gums about his two upper incisor teeth were swollen so as to nearly hide the teeth, were dark purple in color and bled when touched.

Case No. 2. Seen in consultation in Alameda, February 2, 1904; a male infant, aged 13 months. This baby, so the mother said, cried violently whenever his legs were moved, as in putting on his shoes and stockings or changing his napkin; and had done so for eight or ten weeks before I saw him. He had gradually grown worse in this regard, so that now he would no longer sit up and could not lie in any position for any length of time without crying from pain. The mother knew of no cause, and the baby had been treated for a long time for rheumatism. He screamed violently when his legs were examined; both were found swollen from the knees down, markedly about the ankles and feet. The baby was found to have four teeth—two upper and two lower incisors; the gums about these were much swollen, so that the teeth were nearly hidden, were dark purple in color and bled when touched.

In each of these cases the symptoms meant scurvy and could mean nothing else. I observed my first case of this sort in July, 1895, and reported it in the *Medical News*, February 29th, 1896, this case being, so far as I am aware, the first one reported from the Pacific Coast. Subsequently a collective investigation of the subject was made by the American Pediatric Society at its annual meeting in 1898; and to this report I contributed the history of three cases observed to that date. Including the two cases herewith reported, I have now seen ten cases of scurvy in infants.

**Etiology:** The disease occurs mainly during the first year of life. It seems to be dependent in some way upon the food given; but it occurs in infants fed on many different kinds of foods, and does not occur in all infants fed on such foods. Most often infants who develop scurvy are taking some one of the proprietary foods. In my own cases, Mellin's food, Eskay's food, Horlick's malted milk and condensed milk have been the foods taken at the time the scurvy developed. But I have the records of many other infants, fed on exactly similar formulæ, who never developed any sign of scurvy. No one has ever satisfactorily explained how the diet causes the symptoms, or what the substance is that by its presence in or absence from the diet might lead to the pathological changes observed. In other words, the exact cause of scurvy in infants is still unknown.

**Symptoms:** These are quite characteristic and diagnostic. The most important are (1) *Pain on movement of the lower limbs:* Such movement, whether voluntary or due to handling, causes the infant to scream with pain; as a consequence the limbs are not used and they appear paralyzed; frequently, but not necessarily, the thighs or legs are swollen and brawny to the touch; more often along the shaft of the bone than at the joint. All of these symptoms are due to a greater or less degree of

subperiosteal hemorrhage. (2) *Purple Swollen Gums:* This symptom occurs most often in infants that have teeth through the gum or about to appear, and involves only the gum about such teeth. It has been observed in gums that had no teeth through them; but not so often. The gum is so swollen as almost to bury the teeth, is usually dark purple, almost black in color, is spongy and softened and bleeds easily. (3) *Subcutaneous hemorrhages:* These resemble bruises or "black and blue" marks. In the first case I ever saw, in 1895, the infant had a typical "black eye." In another there was a large purple area over the buttock and thigh as if the baby had been beaten. Such spots may appear in any part of the body, and usually take the form of good-sized patches rather than of diffusely scattered purpuric spots. (4) *Hemorrhage from mucous membranes:* This may be from the mouth or throat; from the nose; from the bowel; or from the bladder—bloody urine had been one of the alarming symptoms in case No. 1. herewith reported. (5) *Anemia and malnutrition* are usually complicating conditions, but in no way peculiar to scurvy.

**Diagnosis:** Given an infant six months to a year old; a history that the legs are tender and the baby screams when they are moved—scurvy is always the most likely explanation. If on examination the gums are found swollen, discolored and bleeding; or if black and blue marks are discovered or have previously been seen by the mother on the baby's body, the diagnosis may be made with almost absolute certainty, especially if the infant is and has been for some time fed on one of the proprietary foods.

**Differential diagnosis:** The most frequent mistake made is to call the case *rheumatism*. It can not be impressed too often or too strongly that young infants do not have rheumatism—at least it is so extremely rare that practically it may be left out of account; while scurvy, on the contrary, is not at all an uncommon ailment in the first year of life. The disinclination of the infant to use the limbs now and then leads to an erroneous diagnosis of *paralysis*; but paralysis never gives rise to pain and tenderness of the limbs as scurvy does; an examination will show that the loss of power is apparent rather than real. The condition of the gums described should always make the observer suspicious of scurvy; but I have once seen a case where the gums had been lanced, because their swollen, purple state was supposed to be due to difficult dentition. It is rare to see purpura hemorrhagica in the first year of life and no matter how many hemorrhages have occurred into the subcutaneous tissues and from mucous membranes, scurvy is always the more likely cause in a young infant; besides the symptoms in limbs and gums are almost invariably coincident and complete the picture. Finally, an *injury* to the limb is often suspected, but rarely occurs in such young infants; for they can not walk and have so little opportunity for traumatism.

**Prognosis:** Scurvy is a disease in which proper treatment works a miracle. It has no tendency to spontaneous recovery; but when recognized and given the proper care, improvement is immediate and cure is surprisingly rapid. No other disease affords the physician a better prospect for brilliant results.

**Treatment:** Just three measures are indicated for the cure of scurvy: (1) Discontinue the proprietary food. Substitute for it a mixture of fresh milk diluted with water or with oatmeal water. (2) Give fresh orange juice, in dose of one or two teaspoonfuls three times a day. It is surprising how babies with scurvy take to this and seem to enjoy it. (3) Give freshly expressed beef-juice, squeezed from rare steak, in dose of one or two teaspoonfuls three times a day. (4) Give no drugs at all.

\* Read before the California Academy of Medicine.

All of my cases have been treated in this simple way. In case No. 1, herewith reported, every symptom had vanished in four days after treatment as above. In case No. 2, after ten weeks of suffering the baby was absolutely well in one week. The recognition of scurvy is easy when only we realize that such a disease exists; the treatment is so simple that we feel almost ashamed to take the credit for the good it accomplishes; and the change we are able to effect at once in a disturbed and discouraged household is so magical that scurvy in infants becomes really the most fortunate disease the physician can ever hope to meet.

## DISCUSSION.

Dr. Clarence Quinan stated that he had seen a few of these cases, and that they were certainly interesting. There was a possibility that they might be confused with a rather rare form of congenital syphilis, involving the epiphyses, and this should be looked out for. The etiologic factor was densely masked, though it seemed clearly located in the diet. No particular form of prepared food could be said to be responsible, for they all entered the problem, and in all cases many infants fed on them all did not have scurvy. One writer had noted that milk which had been cooked too long seemed to be responsible.

Dr. Blumer had seen a number of cases in consultation, the diagnosis in one case being cancerous growth of the gums. He was called in as pathologist to examine a specimen of the gum tissue and was able to make the proper diagnosis. He agreed that all prepared foods seemed to be responsible for some cases, but Mellin's food preponderated slightly in this respect.

Dr. Hunkin said that some years ago he reported the occurrence of this disease in three infants and in his opinion Mellin's food was responsible for it. A few days after the statement was published he was threatened with jail if he did not retract; but he had nothing further to say. Many infants were seen in the clinic of the University Medical Department in which a differential diagnosis between scurvy and rickets could not be made with absolute certainty. The condition seemed to be quite as much of the nature of one disease as of the other. Proper regulation of the diet in all these cases resulted in rapid improvement and cure.

Dr. Cheney said that the investigations of the American Pediatric Society, in which data relating to 345 cases were carefully collected and studied, threw but little light on the factor of causation, except to show that diet was the cause, and change of diet the cure. While proprietary foods seemed to be largely responsible, they could not be exclusively convicted, for an occasional instance occurs where the disease develops even when the infant is fed at the breast. It is not food alone, but some other thing in connection with the food, that produces the disease.

## MEXICO DESIRES PURE FOOD AND DRUGS.

The following circular has recently been received from Mexico by the Chamber of Commerce of San Francisco, and is of interest as showing that Mexico does not intend to be the last in the procession of nations when the march is toward the goal of pure and wholesome drugs, medicines and foodstuffs:

Mexico, March 15, 1904.—Seal of the Department of Foreign Affairs of Mexico. Department of Chancery, Circular No. 7. International Chancery Control. The Secretary of the Interior has entered into a contract with the "International Chemical Control of Mexico, Ltd." authorizing that company to guarantee to the public the purity and good quality of merchandise and products consumed by the commerce, and to protect manufacturers of good faith against usurpations, falsifications and adulterations which are made of their trade marks or products.

This being a transcendental matter, inasmuch as it refers to the public health and also lends guarantees to international commerce, I recommend you to notify the manufacturers and merchants of your locality of this fact, thus giving the "International Chemical Control" all the help possible within the limit of your faculties.

MERISCAL, Rubric,  
Hon. Consul-General of Mexico, San Francisco.

## ADDENDUM.

The following addition to the bibliography of Dr. Ellis's address was received too late for publication in the last issue of the JOURNAL:

Vital Statistics, by Cressy L. Wilbur.

## PURE FOOD LAW.

By M. E. JAFFA, University of California, Berkeley.

**A**MONG the important bills introduced in Congress during the present session, that by Congressman Hepburn, relating to the proper labeling of foods, stands out very prominently. Its advantages are so many and its effects so far-reaching that it is hardly possible in a short article to fully discuss and bring out the merits of the bill.

The measure, in brief, provides for the prevention of adulteration, misbranding and imitation of foods and food materials, and for regulating interstate traffic therein. When we remember that fully 75 per cent of the fraud and deception practiced on the public with reference to foods, arises from mislabeling in some form or other, we can better appreciate the efforts of Representative Hepburn, which should have the support and coöperation of all intelligent citizens. Until the people themselves really desire and demand pure food, the government alone can do comparatively little. Laws may be enacted, but they will not be productive of much good unless there is adequate provision made for their enforcement. That this is true is very forcibly illustrated by the exercise of the fertilizer control laws in so many of our states. In every case a laboratory is equipped and maintained for the carrying out of the provisions of the law, and, in addition, bulletins are published periodically containing the results of work done, and in which are printed the names of the transgressors, in connection with the analyses of fertilizers which are found to be below guarantee. It is very much to be regretted that the same cannot be said with reference to the control of food adulteration.

It would appear, from a resume of the different laws in force in the United States on the general subject of adulteration, that the first care is given to the soil for the purpose of protecting its food from fraud. Much less work is devoted to the prevention of deception in the foods for farm animals, while in a few instances only do we find any vigorous enforcement of laws for the inspection of human foods. Indeed, so little general attention is paid to the matter that one writer on the subject defines man as an animal "that adulterates and sometimes poisons his own food and drink." There are, in the main, two methods of adulteration employed; the one harmful and sometimes poisonous to the human system, and the other the deceptive and fraudulent, but not generally injurious to the health of the consumer.

In those States where enforcement of pure food laws is carried on, most of the work is devoted to the detection of the harmful and injurious preservatives, while the second method, just mentioned, has been investigated but to a very limited extent, and there are even certain frauds which do not come within the pale of laws now exercised.

The first method referred to above does not require any extended discussion, because all will agree that no food should be manufactured or sold which contains harmful or injurious ingredients. It would seem that, in the light of our present knowledge, it would be far safer to prohibit the use of preservatives in foods or food materials. If, later on, science can show, as some claim it will, that the small addition of certain preservatives are harmless, then the laws can be modified accordingly. Still it must not be forgotten that the results of experiments made on healthy subjects cannot be expected to be applied to the invalid and convalescent or dyspeptic, for whom many of the foods now containing preservatives are prescribed or recommended.

With the second method, the deceptive and fraudulent, etc., the case is very different. No one should

be prohibited from manufacturing or selling any admixture of foods or food materials, provided the package is *honestly labeled*; thus ensuring the sale of the materials, *for just what they are*.

Several forms of mislabeling can be enumerated, among which the following are the most conspicuous:

1st. False statements concerning the nature of the contents of packages of foods or food materials.

2nd. False statements regarding the nutritive value of the different manufactured and prepared foods.

3rd. False statements or inferences relating to the weight of foods or food materials in any package.

Let us discuss each of these forms separately. With reference to No. 1, it may be said that the fraud, in most cases, is of a pecuniary nature. Cheap materials are added to more expensive ones, thus bringing cheap and inferior products into competition with those from the hands of the honest manufacturer. While the addition of mustard or cottonseed oil to a salad will not have any appreciable effect on the health of the consumer, still there is the pecuniary fraud which should be prevented. At the same time no one should be denied the right to buy the cheap oils. But those who wish to purchase pure olive oil should not have to remain in doubt as to its purity and quality, as at present they so often have to do. The enforcement of proper labeling would obviate all of these difficulties. Again, no prohibitory restrictions should be placed upon the manufacturer who wishes to make a jelly consisting of a mixture of apple and currant, or cornstarch and fruit jelly, or a butterine made up of butter and oleomargarine, etc., etc., nor, in fact, any compound from the admixture of two or more food materials each of which may possess different nutritive and pecuniary values, provided the proper statements are *plainly in evidence* on the label.

In many cases the nature of the main contents of the package is plainly printed, but the type used for the name or names of the adulterants is so small, and often so concealed in the "foliage" of the label that unless one is very careful he is led to believe that the contents consist entirely of the material indicated by the large type. This is particularly true of honey. There are cases where the words "Pure Honey" have a prominent position on the label, but only after careful search will one find the statement, "20 per cent honey and 80 per cent glucose." Thus the manufacturer has complied with the law in name, but, as far as the consumer is concerned, has decidedly evaded it in spirit. There should be no objection against the manufacture of a butter containing 20 per cent of water, if such be stated on the wrapper and the butter be subjected to a discount; because the purchaser should not be obliged to pay for 8 to 10 per cent extra of water at the price of butter fat.

Prominent among the deceptions practiced under the second form above mentioned may be noted several proprietary foods; infant foods, cereal breakfast foods and coffee substitutes, not in the foods themselves, but in the labels. They convey to the mind of the laity decidedly wrong impressions.

In view of the preposterous claims made by some manufacturers of the breakfast foods and for the purpose of ascertaining their nutritive value, the Maine Agricultural Experiment Station undertook an investigation of a large number of cereal breakfast foods, and published the results in bulletin form. The Director of the Station was at once threatened by letter with prosecution by a certain firm manufacturing one of the prominent foods. A reply was made to the effect that the Director was very desirous of such a suit being brought, because he could then

give more publicity to the results of his work than he had been able to do in the station bulletin. No answer was returned to that letter.

Among the prepared foods examined by the Maine station was "Grape-Nuts," made by special treatment of entire wheat and barley. Through their efforts the statement formally made that "four heaping teaspoonfuls of Grape-Nuts are sufficient for the average meal" is now modified to read "for the cereal part of a meal." The manufacturers still persist, however, in stating that "the system will absorb a greater amount of nourishment from 1 pound of Grape-Nuts than from 10 pounds of meat, wheat, oats or bread."

The following from Bulletin No. 55, of the Maine Agricultural Experiment Station shows the absurdity of this and other statements:

"A man at moderate work needs per day about .28 pounds (4½ ounces) of protein and sufficient fats and carbohydrates in addition to make the potential energy of the day's food 3,500 calories. Four heaping teaspoonfuls of Grape-Nuts weigh about 1 ounce. The protein and energy needed for one meal (1-3 of 1 day) and that furnished by four heaping teaspoonfuls of Grape-Nuts are compared in the following table:

	Protein lbs.	Food Value Calores.
Needed for ½ day by man at moderate work.....	.000	1,175
Furnished by four heaping teaspoonfuls (1 oz.) of Grape-Nuts.....	.007	117

"It would require .77 pounds of Grape-Nuts (3-4 of a package) to furnish 1-3 of the protein needed for one day for a man at moderate work; the energy needed would be afforded by .63 pounds.

"The nutrients of beef are more completely digested and absorbed than those of vegetable foods. There is no reason for thinking that Grape-Nuts would be more completely digested than rolled oats, wheat flour or wheat bread. About 85 per cent of the protein and of the fuel value of vegetable foods are digested and rendered available to the body.

"In the following table there are compared the pounds of protein and fuel values of one pound of Grape-Nuts with ten pounds of meat, wheat, oats and bread."

"Pounds of protein and fuel value of one pound of Grape-Nuts compared with ten pounds of beef, rolled wheat, wheat flour, rolled oats and bread":

	Protein lbs.	Fuel Value Calores.
1 pound Grape-Nuts.....	.12	1,870
10 pounds Round Steak, including bone.....	1.90	8,950
10 pounds Beef Rump, including bone.....	1.29	14,050
10 pounds Rolled Wheat.....	1.01	17,650
10 pounds Bread Flour.....	1.31	16,450
10 pounds Rolled Oats.....	1.50	19,650
10 pounds White Bread.....	.80	12,200

The above data needs no comment, and a food inspection law properly exercised would prevent this form of fraud.

The Maine Agricultural Experiment Station has also published a paper containing some data regarding the nutritive value of several coffee substitutes. This investigation was undertaken "because of the extravagant claims made for the nutritive value of the decoctions prepared from these materials." On the label of one of them, "MO-KO," prepared in New York appears the statement: "Mo-Ko aids digestion, soothes and quiets worn and wasted nerves." "Mo-Ko, as a complexion beautifier, cannot be equalled. It tones the blood, and by its daily use will impart to the skin a



healthful glow of youth." "Give the children Mo-Ko to drink. It will make them strong and healthy, and will not injure them." The nutritive value of some of these coffee substitutes is well indicated by the following excerpt from the same paper: "Skimmed milk is generally considered a pretty thin beverage, but, as seen from the following table, it contains from three to twenty times as much solids as these so-called nutritious drinks. Wheat-Shred Drink is perhaps a fair illustration of these goods. The label claims it to be 'nutritive in the highest degree', and yet one would have to drink four and one-half gallons of the infusion to get the amount of protein furnished by one quart of skimmed milk. A teacupful (1-5 of a quart) of the decoction, or Postum Cereal, which it is claimed 'nourishes, strengthens and vitalizes', contains about 1-7 of an ounce of solids (dry matter) and about 1-100 of an ounce of protein (nitrogenous matter). While it would take nearly 1-4 of a cup of skimmed milk to furnish this weight of solids, the protein of a cup of Postum Cereal is contained in a dessertspoonful of skimmed milk."

The present paper has nothing to do with the hygienic question of hot or cold drinks. Viewed from the nutritive standpoint alone the following table shows that these coffee substitutes, like coffee itself, depend more for their food value upon the milk, cream and sugar used than upon their own soluble constituents.

Nutrients found in skimmed milk, compared with those found in coffee substitute infusions prepared according to printed directions:

Laboratory Number.		Total Solids.	Protein.	Fat.	Carbohydrates.	Ash.
		%	%	%	%	%
6179	Skimmed Milk.....	9.75	3.50	3.50	5.15	.80
6180	Postum Cereal.....	2.25	.14		1.97	.14
6181	Caramel Cereal.....	1.14	.08		.95	.11
6181	Golden Grain.....	.67	.15		.40	.12
6182	Old Grist Mill Coffee.....	.50	.03		.38	.04
6183	Wheat-Shred Drink.....	3.00	.19		2.66	.15
6288	Grain-o.....	3.28	.17		2.98	.13
6289	Dr. Johnson's Cereal Coffee.....	2.63	.33		3.13	.17
6290	Mo-Ko.....	3.50	.18		3.14	.19

A notable instance of fraud covered by the third class of mislabeling is found in the case of butter sold by the "square." Originally the "square" consisted of two pounds, but at present the weight ranges from one to one and three-fourths pounds. We do not find, however, on the wrapper, as a rule, any statements relative to the weight of butter it encloses.

Many other samples might be given, but it would seem that enough has been said to show the necessity of the enactment and enforcement of National Food Inspection Laws, such as introduced by Congressman Hepburn.

No one will deny the tremendous benefit which has resulted to the agriculturist from the exercise of the Fertilizer Control Laws previously referred to.

If we wish to achieve similar results with reference to human foods, we must proceed in like manner, but, as before stated, the mere passage of the law would not accomplish the work. We must grow up to the law as individuals, and as a people. Law alone will not affect it. Pure Food Conventions alone will not do so—nor will Pure Food Exhibits. All these help, but they accomplish little, so long as the more enlightened and better class of people do not take an active part or display sufficient interest in public affairs, and so long as the municipal offices are in control of men mentally or morally unfit to assume the responsibility. When the public is properly educated on the subject, and people begin to desire pure

food furnished to them in its best form—then, will food laboratories be established and properly maintained; then will food laws be strictly enforced and food adulteration become a practice of the past.

#### THE RAT AND HIS PARASITES; HIS ROLE IN THE SPREAD OF DISEASE, WITH SPECIAL REFERENCE TO BUBONIC PLAGUE.

By B. J. LLOYD, M. D., Asst. Surg. U. S. M. H. S.

(Continued from page 172.)

The occurrence of epidemics of plague in man without rat infection is so rare as to throw doubt upon the accuracy of such report. In one such instance (Russia) this state of affairs is offered as an explanation of the ease with which the epidemic was controlled. For hundreds of years in districts where plague prevails, the death of rats in large numbers has been recognized by all classes as a certain omen of impending calamity, and the advent of plague among rats was sufficient to strike terror into the inhabitants and cause them to flee from their homes. The rats themselves, after a time, become panic-stricken and, losing their usual fear of man, scatter in headlong flight from the infected locality. Rats dead of plague are often found in rooms occupied by human victims. There are numerous instances in which infection in the human being has followed the handling of rats dead of the disease. Direct inoculation has been reported in one case as follows: "A dog belonging to a patient brought into his (Mr. Hill's) bedroom a rat he had killed, and plumped it down on the bed. Mr. Hill at once threw the rat away. The dog then licked his master's hand, on which there was a slight abrasion, and plague showed itself a few days later." I shall not attempt to present in detail evidence in support of the foregoing statements. They can easily be verified by reference to the literature of the subject. A few such references will be introduced, and you may follow up the subject at your pleasure. The earliest historical note connecting rats with plague is in 1st Samuel, 5th and 6th chapters, 1400 years B. C. From Renney (1851), in his account of plague in certain cities in Arabia, we have the following: "There was no particular disorder among cattle, but the outbreak of plague was preceded and accompanied by a great mortality among the rats in their houses." From Creighton, who is quoting Planck: "In the houses of families suffering from an outbreak of plague, rats are sometimes found dead on the floor. \* \* \* Planck has seen them himself. \* \* \* He mentions nine villages, all of them endemic seats of plague, in which the premonitory death of rats in the infected houses was testified." The same author, quoting Baber in China (1878): "The rats are first affected; as soon as they sicken, they leave their holes in troops, and after staggering and falling over each other, drop down dead.

\* \* \* The approach of bubonic plague may often be known from the extraordinary behavior of rats \* \* \* who leave their holes \* \* \* and issue onto the floors, \* \* \* lose their accustomed timidity, and fall dead." The same author, quoting Lowry (1882): "In nearly every house in the Chinese village of Pakhoi, where the disease broke out, the rats had been coming out of their holes and dying on the floors." In addition, White, Gilder, McAdam, Forbes, Glen, Ranken, Arnaud and others make similar statements of various epidemics.

The German Plague Commission (1899) makes the following statement:

Rats generally suffer from a form of plague which occurs in man rarely, if at all, namely, plague of the intestines. When thus diseased they evacuate great quantities of plague germs. It is probable that numbers of plague cases among human beings are due to contact with the evacuations of diseased rats, e. g., in the case of the flooring thus contaminated being trodden on by the naked foot. \* \* \* Children often infect themselves by crawling on the floor and then putting their fingers in the mouth, thus getting plague with neck buboes. \* \* \* It has therefore been proposed to wage war against rats with traps, poisons, suffocating gases, artificially induced epidemic diseases. \* \* \*

Cantlie makes the following observation on prophylaxis: "Seeing that rats and mice are the animals which convey plague, \* \* \* their destruction before a threatened invasion of plague is an absolute necessity if the disease is to be averted."

Manson likens a plague-threatened city to a grate in which a fire is about to be started; the coal is the human inhabitants, the sticks of kindling are the rats and the lighted match is the plague germ.

Simond observes that epidemics of plague among rats follow a course analogous to that of the epidemic in man. The following is from Montenegro:

It may be said that the plague is a disease of rats which readily infects man. Generally, before the epidemic breaks out in a city, bodies of rats which have died of plague are found in the streets and houses. And \* \* \* Hankin has proved that generally the first cases in a population occur precisely in those quarters in which the existence of dead bodies of rats has first been discovered, and in many cases it has been possible to demonstrate that the propagation of the epidemic from one town to another does not follow the route taken by the fugitives from the infected human population, but that taken by the rats in their flight.

Snow of Bombay established that the propagation of the plague did not follow the panic produced in the population by the human cases, but took place long after when the rats emigrated, and in the direction followed by them.

Thomson writes:

Rats are more liable to pest than mankind. \* \* \* It may be stated that plague is a disease of rats, and communicable from them to man. Generally, before

an epidemic breaks out, dead rats are found in the streets and houses. At Satara, and in the infected district thereof, as at Karad in 1897, and subsequent epidemics, this was observed and commented on by the people. The first cases of plague develop precisely in those places where dead rats are first discovered, and spreads from those as foci, rather than following the routes taken by the fugitive panic-stricken inhabitants. Handling the dead bodies of rats, *in the open air*, is not dangerous; going into the warehouses or grain stores to remove them is highly dangerous and fraught with great risk, owing to the insanitary conditions of such pest centers. The fact that rats found under such conditions were pest-infected was proved repeatedly by post-mortem and bacteriological and sub-culture tests, etc.

Here we rest our case against the rat. Convinced he stands, and if you indulge me a moment longer, I would like to ask what shall we do about it? I would like to suggest that there is one place where he should be absolutely exterminated, and that is on board ship. This is a simple matter when the vessel is empty, but the problem is not so easy of solution when the vessel is loaded. The trouble arises from the fact that if a plague-infected rat is suffocated in the bottom of the hold of a vessel, that rat cannot be removed until the cargo is discharged. Rat-guards on the lines, while it is a very important measure, does not shut out all shore rats. It is argued that it is useless to kill the rats on a vessel leaving an infected port if you do not remove them from the vessel, an almost impossible task. I do not accept the statement that such a procedure is useless when the rats are not removed. I think the mathematical chances of infecting a port of destination are infinitely less when you have 3 rats in the hold of a ship dead of plague and 300 dead of suffocation, than one where you have 3 rats dead of plague and 300 rats that are living. In other words, I think it is a great deal better than doing nothing at all. So far as a crusade against the rats in a municipality is concerned, I think it is a very important auxiliary measure. The importance of the killing of rats in an infected city is lessened only by the many difficulties which attend such a procedure and the rapidity with which they are replaced. The pertinent question has been asked, "If plague will not exterminate rats and mice, what will?" It is probable that if all our habitations were well lighted (sunlight) and well ventilated and were otherwise in good sanitary condition, plague would die a natural death. It is possible that if plague is allowed to fester in a filthy, overcrowded and otherwise insanitary part of a city, that after years of increase in virulence it may lose its respect for even sanitary habitations, and their occupants will no longer be immune.

I shall close this paper with one other observation: Rat infection in San Francisco, while it has never been extensive, has borne a striking analogy to the infection in human beings, and

plague cases occur in places where infected rats have been found; in one instance dead plague rats and a dead human victim being found in the same room.

It has been found in the application of sanitary measures in various places that poisoning rats, disinfecting, medical inspection, etc., while they are very important auxiliaries, are not nearly so effective as the tearing out of filthy habitations and the reconstruction of such buildings on good sanitary principles. This kind of work goes far toward getting rid of the rat by alteration of environment, and at the same time decreases the chances of infection from such as remain, inasmuch as the rats will seek the darker recesses of the building, and in this way will not come in contact with its human occupants nearly so frequently as they do in the close, dark rooms of many of our present buildings in Chinatown. Not only this, but it has been repeatedly noted that the danger of contracting plague from infected rats is very much lessened when the contact with the rat is in a pure atmosphere, just as it is with human cases.

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## CORRECTION.

Dr. Nagel wishes to have the transcript of his discussion as printed on page 158 of the May JOURNAL somewhat altered. He says: "I stated that experience had taught me that the beginner is always looking for complete cupping of the disk, whilst such may be only partial though the diagnosis be fully established. Speaking to the aspect of sympathectomy as regards the cure of glaucoma, I dwelled somewhat on an analysis of 75 cases of that operation published in 1901."

**Champagne and Nostrums.** Far better, ladies, that the contents of a bottle of champagne should go into the water, where it will do no one any harm, than that the contents of a bottle of "patent medicine," with 40 per cent of alcohol in it, by volume, should be allowed to go into the system of a child and strike at his very soul, planting the seed of a future drunkard!—Bok, in *Ladies' Home Journal*.

**Lydia Pinkham's Alcohol.** I have had women rage in letters to this office because this magazine advertised a certain rootbeer, with really no alcohol in it at all, while all the time these same women were swallowing bottle after bottle of "Lydia Pinkham's Vegetable Compound," containing, by volume, 20.6 percentage of alcohol, and allowing "Boker's Stomach Bitters," with 42.6 percentage of alcohol, by volume, to be advertised on their barns.—Bok, in *Ladies' Home Journal*.

## COMMUNICATION.

## Inert Preparations of Digitalis.

To the Editor of the State Journal:

Believing that the point is an important one because of the almost universal use of the drug in question, I wish to call attention to my findings, and to learn if any of my brethren have had similar experience. Some time ago I had occasion to use digitalis in a very critical case and got no result; a few days after, another case seemed to demand its use and I tried the fluid extract of a reliable manufacturer with no result; fearing that the specimen might have been old, I tried one after another of the standard manufacturers', until five trials had been made, and then gave up in disgust. On telling my experience to my brother practitioners I find that many of them gave up the use of all preparations of digitalis, except the infusion, because of their unreliability. Now, we are taught to regard digitalis as one of the "old reliables" in medicine and the cases demanding its use are usually ones where we cannot afford to trust to uncertainties. I should like to hear from the readers of the STATE JOURNAL regarding their opinion on the matter, for if the specimens on the market are of no value, the sooner we know it the better.

Very truly yours,  
C. S. H.

## NEW BUILDING FOR BELLEVUE HOSPITAL.

The announcement has very recently been made of the intention to put up a new building for Bellevue Hospital, New York City, which, it is said, will be the finest hospital in the world. It is estimated that the building, with its thirteen pavilions, will cost about \$15,000,000, and will accommodate 2,500 patients. It will face on First Avenue and the East River, and occupy the land from Twenty-sixth to Twenty-ninth Streets. Accommodations will be provided for 100 physicians.

**A Frank Eclectic Opinion.**—The so-called doctor who is so deficient in cerebral gray matter that he is not better qualified to prescribe for his patrons than some firm manufacturing a cure-all had better quit the business. This kind of prescribing is simply reviving the old fallacy of entity in disease, which has passed through all stages from demonology to microbes; the use of charms, amulets, incantations and bacteria killers; and I honestly believe the charms, etc., were less harmful than the latter-day nostrums so extensively advertised in the medical and secular press. Ed. in *Eclectic Medical Journal*, Cincinnati, O.

**The National Bureau of Medicines and Foods** will be the first question at the meeting of the American Academy of Medicine, Atlantic City, June 4th. It will come up on the report of the Council on the paper read last year by Dr. H. Bert. Ellis, and at that time referred to the Council for consideration and recommendations.

**No Right to Give Nostrums.** No woman has a moral right to give a medicine to her child, or to any member of her family, or to take any medicine herself, the ingredients of which either she does not know or has not the assurance of a responsible physician to be harmless. There is nothing so dangerous as drugs used without intelligence or taken without advice. The physician's fee of a dollar or two, which the mother seeks to save, may prove to be the costliest form of economy which she has ever practiced.—*Ladies' Home Journal*.



## STATE EXAMINATIONS, APRIL, 1904.

## Passed.

Cooper Medical College, San Francisco, (1903) .....	77.5, 79.8
University of California, (1903) 82.5, 82.8, 84.4, 84.5, 81.3, 86.6, 87.1, 79.4, 85.5, 79.7.	
College of Physicians and Surgeons, California, (1902), *76.4, *81.7; (1903) 75.5, 78.3, *78.	
Rush Medical College, Chicago, (1894), 77.4, 76.2; (1896) 80.8; (1897) *78.4, 83.4; (1901) 85, 92.2; (1902), 83.6.	
College of Physicians and Surgeons, Chicago, (1899) 87.6; (1900) 81.3; (1902) 78.8.	
University of London .....	(1895) 91.6
Medico-Chirurgical College, Philadelphia .....	(1894) 78.3
University of Minnesota .....	(1903) 79.3
Bellevue Hospital Medical College, N. Y. (1878) 77.1	
Baltimore Medical College .....	(1901) 76.8
Woman's Medical College, Philadelphia .....	(1893) 84.4
University of Michigan .....	(1902) 84.5
University of Pennsylvania .....	(1890) 76.3
Tufts Medical College, Boston .....	(1901)*75.0
Barnes Medical College, St. Louis .....	(1898)*79.1
Georgetown University, Dist. of Columbia (1900) 81.4	
Michigan College of Medicine .....	(1900) 81.8
University of Vienna, Austria .....	(1891)*85.1
Starling Medical College, Columbus, Ohio. (1893) 81.1	
American Medical Missionary College, Ill. (1903) 88.1	
Vanderbilt University, Tennessee .....	(1903) 78.5
New York Homeopathic Medical College (1896) 75.1	

## Failed.

University of Louisville, Kentucky .....	(1880) 38.3
Rush Medical College, Chicago .....	(1878) 70.6
St. Louis Medical College, Missouri .....	(1877) 53.2
Detroit College of Medicine .....	(1897)*34.3
University of Dublin, Ireland .....	(1897) 70.4
College of Physicians and Surgeons, Chicago .....	(1892) 71.8
Laura Memorial Medical College, Ohio .....	(1903) 63.4
Tufts Medical College, Boston .....	(1897) 60.8
Western Pennsylvania Medical College .....	(1889) 69.4
Bellevue Hospital Medical College, N. Y. (1894) 46.1	
Meharry Medical College, Tennessee .....	(1884) 22.3
Trinity Medical College, Ontario .....	(1884) 73.7
College Medicine and Surgery, Michigan (1901) 73.5	
Trinity University, Dallas, Texas .....	(1903) 69.3
College Physicians and Surgeons, N. Y. (1896) 68.0	
Ohio Medical College .....	(1902) 72.1

## Conditioned.

Columbia College, New York .....	(1888) 75.0
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**Note.**—In the list of this examination, published in the *Journal A. M. A.*, May 7, two successful candidates were omitted: University of Pennsylvania, 1890, and Vanderbilt University, Tennessee, 1903.

\*Candidates so indicated had failed on previous examinations.

## A WORD FROM DR. TEABY.

Dr. W. L. Teaby, who was referred to in the April number of the *JOURNAL*, writes to us that his position in relation to lodge practice was misunderstood. Dr. Teaby, it may be said, appeared before the Board of Examiners at their last session and passed the examination very creditably; he has returned to Monterey to locate. He says: "The only order which I joined was the N. S. G. W., and they do not allow fees. I was approached by other secret societies and offered the position of surgeon, but refused them all, because I do not believe in these so-called 'starvation fees,' "

It is with much pleasure that we publish this statement of Dr. Teaby's attitude toward that worst disease of the body-medical—lodge or contract practice. We wish him every success in his profession and trust that he will adhere to the principles which he has expressed.

## ALCOHOL IN "PATENT MEDICINES."

The following percentages of alcohol in the "patent medicines" named are given by the Massachusetts State Board Analyst in the published document No. 34:

	Per cent. of alcohol (by volume)
Lydia Pinkham's Vegetable Compound .....	20.6
Paine's Celery Compound .....	21
Dr. Williams's Vegetable Jaundice Bitters .....	18.5
Whiskol, "a non-intoxicating stimulant" .....	28.2
Colden's Liquid Beef Tonic, "recommended for treatment of alcohol habit," .....	26.5
Ayer's Sarsaparilla .....	26.2
Thayer's Compound Extract of Sarsaparilla .....	21.5
Hood's Sarsaparilla .....	18.8
Allen's Sarsaparilla .....	13.5
Dana's Sarsaparilla .....	13.5
Brown's Sarsaparilla .....	13.5
Peruna .....	28.5
Vinol, Wine of Cod-Liver Oil .....	18.8
Dr. Peters's Kuriko .....	14
Carter's Physical Extract .....	22
Hooker's Wigwam Tonic .....	20.7
Hoofland's German Tonic .....	29.3
Howe's Arabian Tonic, "not a rum drink" .....	13.2
Jackson's Golden Seal Tonic .....	19.6
Mensman's Peptonized Beef Tonic .....	16.5
Parker's Tonic, "purely vegetable" .....	41.6
Schneck's Seaweed Tonic "entirely harmless" .....	19.5
Baxter's Mandrake Bitters .....	16.5
Boker's Stomach Bitters .....	42.6
Burdock Blood Bitters .....	25.2
Greene's Nervura .....	17.2
Hartshorn's Bitters .....	22.2
Hoofland's German Bitters, "entirely vegetable" .....	25.6
Hop Bitters .....	12
Hostetter's Stomach Bitters .....	44.3
Kaufman's Sulphur Bitters, "contains no alcohol" (as a matter of fact it contains 20.5 per cent of alcohol, and no sulphur) .....	20.5
Puritana .....	22
Richardson's Concentrated Sherry Wine Bitters .....	47.5
Warner's Safe Tonic Bitters .....	35.7
Warren's Bilious Bitters .....	21.5
Faith Whitcomb's Nerve Bitters .....	20.3

In connection with this list, think of beer, which contains only from two to five per cent of alcohol, while some of these "bitters" contain ten times as much, making them stronger than whisky, far stronger than sherry or port, with claret and champagne way behind.

**Indecent Religious Papers.** Beside me, as I write, lie issues of some twenty different "religious" weeklies, the advertising columns of which are a positive stench in the nostrils of decent, self-respecting people. Let the Woman's Christian Temperance Union of officers counsel its members who subscribe for these papers to compel their publishers to omit these advertisements, and if they refuse, let these people discontinue their patronage of the paper. Such measures would very quickly shut out from publicity the majority of these baneful patent medicines.—Bok, in *Ladies' Home Journal*.

OFFICIAL MINUTES OF THE MEETINGS  
OF THE  
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA  
AT ITS THIRTY-FOURTH ANNUAL SESSION

HELD AT

PASO ROBLES, APRIL 19, 20, 21, 1904.

**SCIENTIFIC BRANCH.**

**FIRST SESSION, TUESDAY MORNING, APRIL 19.**

Meeting called to order at 10 A. M., by Dr. W. A. Flint, Santa Barbara, first vice-president, who introduced Dr. J. K. McLennan, Paso Robles, who delivered an address of welcome.

\*The president, Dr. H. Bert. Ellis, Los Angeles, was then introduced and delivered the annual address.

\*The Address in Medicine was then delivered by Dr. R. F. Rooney, Auburn, on "Preventive Medicine."

\*The Address in Surgery was delivered by Dr. J. Henry Barbat; title, "Surgical Treatment of Chronic Dysentery."

The report of the Memorial Committee was then read by Dr. J. Lambert Asay, San Jose.

Drs. W. F. Barbat and A. B. Grosse were appointed assistant secretaries. It was moved and carried that when the general session adjourn, it adjourn in memory of those members who had died during the year.

\*A telegram from the Canadian Medical Association was then read. (See JOURNAL, May, p. 157.)

On motion, a vote of thanks was extended to the readers of the annual addresses.

Adjourned, 11:50 A. M.

EVANS, Secretary.

**SECOND SESSION, TUESDAY.**

Called to order at 2 P. M. Report of the Committee on Medical Education and Legislation was read by the chairman, Dr. H. S. Orme, Los Angeles. Discussed by Drs. Krone, Oakland; Edwards, Salinas; Willis, Los Angeles, and Orme, Los Angeles.

Dr. W. S. Thorne, San Francisco, read a paper, "Some Reflections on State Examining Boards." Discussed by Dr. Dudley Tait, San Francisco; closed by Dr. Thorne.

Dr. Follansbee, Los Angeles, announced the serious illness, and grave condition of Dr. Charlotte Blake Brown. On motion of Dr. Lindley, the president was instructed to telegraph to the family of Dr. Brown, offering the sympathy of the Society. Carried.

Report of Committee on Hygiene, Sanitation and Climatology. Dr. N. K. Foster reported; title, "Sanitary Needs of the State." Discussed by Drs. M. Regensburger, San Francisco; Brown, Nipomo; Orme, Los Angeles; Browning, Highland; Foster, Sacramento.

Report of the Committee on Chemistry and Physiology. Dr. O. O. Witherbee, Los Angeles, read a paper; title, "Innervation of the Heart with Consideration of Cardiac Stimulants." Discussed by Drs. Krone, Oakland; Sherman, San Francisco; Murphy, Los Angeles; Hunkin, San Francisco, and Witherbee.

Dr. Martin Fischer, Berkeley, read a paper; title, "Reversible Action of Enzymes." Discussed by Dr. Witherbee, Los Angeles, and Fischer, Berkeley.

Report of Committee on Pathology and Bacteriology. Dr. Ethel L. Leonard, Los Angeles, read a paper; title, "A New Chromogenic Air Organism; Bacillus

*lus Cyaneus.*" Discussed by Dr. Ryfkogel, San Francisco.

Adjourned, 4:35 P. M.

BARBAT, Secretary.

**WEDNESDAY MORNING SESSION.**

Called to order at 9 A. M. A telegram read from Drs. Adelaide and Philip King Brown announcing the death of Dr. Charlotte Blake Brown. Moved and carried that when the general session adjourn, it adjourn in memory of Dr. Charlotte Blake Brown.

Report of the Committee on Medicine and Therapeutics. Dr. John C. King, Banning, read a paper; title, "Observations on Sanatoria for Pulmonary Tuberculosis." Dr. F. M. Pottenger, Los Angeles, presented report of the Special Committee on Tuberculosis, appointed at last meeting. Moved and carried that report be referred to House of Delegates with recommendation that the recommendations in the report be adopted. Dr. George Blumer read a paper by himself and Dr. A. J. Lartigau, San Francisco; title, "Healed and Quiescent Pulmonary Tuberculosis, with Remarks on Pleural Tubercles." These papers were discussed by Drs. Cole, Los Angeles; Parkinson, Sacramento; Von Adelung, Oakland; Follansbee, Los Angeles; Barkan, San Francisco; Kelly, San Francisco; King, Banning; Blumer, San Francisco, and Pottenger, Los Angeles. Dr. G. F. Reinhardt, Berkeley, read a paper; title, "Malarial Nephritis." Discussed by Drs. Davisson, Los Angeles, and Reinhardt, Berkeley. Dr. George L. Cole, Los Angeles, read a paper; title, "Concretio Pericardii cum Corde," (Report of a case.) Discussed by Drs. Brainerd, Los Angeles; Evans, San Francisco, and Blumer, San Francisco. Paper by Dr. Harold P. Hill, read by title and referred to Publication Committee. Paper by Dr. George H. Evans, San Francisco; title, "Illustrative Cases of Myelogenous Leukemia; Preliminary Report." Discussed by Drs. Blumer and Ryfkogel. Dr. A. J. Sanderson, San Francisco, read a paper; title, "Hydrotherapy in Rheumatism." Discussed by Drs. Woolsey, Oakland; Crees, Byron; Evans, San Francisco; Brown, Nipomo, and Sanderson, San Francisco. Paper by Dr. Lewis J. Belknap, San Jose, read by title and referred to the Publication Committee.

**WEDNESDAY AFTERNOON SESSION.**

Called to order at 2 P. M. Report of the Committee on Genito-Urinary Diseases. Address by chairman, Dr. Dudley Tait, San Francisco. Paper by Dr. Granville MacGowan, Los Angeles; title, "Surgical Interference for Relief of Tuberculosis of the Bladder." Discussion by Drs. Goodfellow, Chismore, Rosenstirn, Krotoszyner, Morton, Grosse and Reynolds, San Francisco, and MacGowan, Los Angeles. Dr. Dudley Tait, San Francisco, read a paper; title, "Contribution to the Study of Varicocele." Discussed by Drs. Krotoszyner, Rigdon and Tait, San Francisco. Dr. George Goodfellow, San Francisco, read a paper by title and it was referred to the Publication Committee. Dr. George Chismore read a paper; title, "Interesting Cases of Prostatic Calculus." Discussed by Drs. Kelly

\* See JOURNAL for May.

and Krotoszyner, San Francisco; MacGowan, Los Angeles, and Chismore, San Francisco. Dr. Krotoszyner, San Francisco, read a paper by himself and Dr. W. P. Willard; title, "Aseptic Catheterization of the Urinary Passages." Discussed by Drs. Rigdon, Eaton and Krotoszyner, San Francisco; Krone, Oakland, and MacGowan, Los Angeles. Dr. George L. Eaton, San Francisco, read a paper; title, "Technic of Genito-Urinary Examination." Discussed by Drs. Reynolds, San Francisco, and Dr. Eaton. Dr. R. L. Rigdon, San Francisco, read a paper; title, "Fistulae of the Male Urethra." Dr. Harry B. Reynolds, San Francisco, read a paper; title, "Report on Some Renal Tumors."

#### THURSDAY MORNING SESSION.

Called to order at 9 A. M. Report of the Committee on Surgery and Anatomy. Dr. Emmet Rixford, San Francisco, read a paper; title, "Inflammation of Appendices Epiploicae." Dr. A. W. Morton, San Francisco, read a paper; title, "Conservative Treatment of Acute Appendicitis." Dr. W. I. Terry, San Francisco, read a paper; title, "Cases of Acute Suppurative Appendicitis Treated by the Oschner Plan." Dr. C. Van Zwalenburg, Riverside, read a paper; title, "Appendicitis; Some Points in its Diagnosis and Treatment from the Viewpoint that its Cause is a Strangulation Produced by Distention Behind a Ball Valve." These papers discussed by Drs. Lobingier, Los Angeles; Barbat, San Francisco; Rosenstirn, San Francisco; Wills, Los Angeles; Sherman, San Francisco; Krone, Oakland; Wakefield, San Francisco; Rixford, Morton and Terry, San Francisco, and Van Zwalenburg, Riverside. Dr. Charles D. Lockwood, Los Angeles, read a paper; title, "Intestinal Obstruction; with Report of Three Unusual Cases." Discussion by Drs. Terry, San Francisco, and Murphy, Los Angeles. Dr. James T. Watkins, San Francisco, read a paper; title, "Some Mechanical Aspects of Scoliosis and Demonstration of Apparatus." Discussed by Drs. Pahl, Los Angeles; Hunkin, San Francisco; Wills, Los Angeles; Sherman, San Francisco, and Watkins, San Francisco. Dr. P. C. H. Pahl, Los Angeles, read a paper; title, "Congenital Dislocation of the Hip." Discussion by Dr. Hunkin, San Francisco.

Adjourned at 12 M.

#### THURSDAY AFTERNOON SESSION.

Called to order at 2 P. M. Dr. Claire W. Murphy, Los Angeles, read a paper; title, "Echinococcus of the Liver, with Report of a Case." Discussion by Drs. Lockwood, Los Angeles; Tait and Terry, San Francisco; Murphy, Los Angeles. Same author, another paper; title, "Surgical Anatomy of the Inguinal Canal." Discussion by Drs. Wills, Los Angeles; Barbat, San Francisco; Hare, Fresno; Lobingier, Los Angeles; Terry, San Francisco; Witherbee, Los Angeles, and Murphy, Los Angeles. Dr. T. C. McCleave, Berkeley, read a paper; title, "A Case of Trigeminal Neuralgia, Presenting Some Unusual Features, Treated by Intraneural Injections of Osmic Acid." Discussion by Drs. Sherman, San Francisco, and Thomas and McCleave, Oakland. Dr. J. Henry Barbat, San Francisco, read a paper; title, "Uretero-Cystotomy, with Report of a Case." Discussion by Drs. Tait, Eaton, Carpenter and Barbat, San Francisco. Dr. A. B. Grosse, San Francisco, read a paper; title, "Report of a Case of Scleroderma Diffusa and Sclerodactylia; Its Clinical Aspect, Treatment, Postmortem Findings, and Histopathology." Discussed by Drs. Blumer and Grosse, San Francisco.

Adjourned.

#### TUESDAY AFTERNOON SESSION.

##### Eye, Ear, Nose and Throat Section.

Called to order at 3 P. M. Report of the Committee on Diseases of the Eye. Dr. B. F. Church, Los Angeles,

read a paper; title, "Concerning the Varieties and Etiology of Glaucoma." Discussed by Drs. R. W. Miller, Los Angeles, and B. F. Church, Los Angeles. Dr. W. H. Roberts, Pasadena, read a paper; title, "The Pathology of Glaucoma." Paper by Dr. A. B. McKee, San Francisco, (absent); title, "The Symptoms of Glaucoma," read, on motion, by Dr. Church. Discussion on the foregoing papers opened by Dr. W. B. Stephens, San Francisco, and continued by Dr. Briggs, Sacramento. On motion of Dr. Church, Los Angeles, a general discussion of the subject was called for, and participated in by Drs. Miller, Los Angeles; Thomas, Oakland; Nagel, San Francisco; Baker, San Diego; Roberts, Pasadena, and Church, Los Angeles.

Adjourned, 4:15 P. M.

#### WEDNESDAY AFTERNOON SESSION.

##### Eye, Ear, Nose and Throat Section.

Called to order at 2 P. M. Paper by Dr. W. M. Fredericks, San Francisco; title, "Tonsils as Portals of Infection," read by title and referred to Publication Committee. Paper by Dr. W. B. Stephens, San Francisco; title, "Post Operative Effects of Tonsilotomy." Paper by Dr. J. A. Black, San Francisco; title, "Surgical Treatment of Chronic Tonsillitis." These papers discussed by Drs. Roberts, Pasadena; Parker, Riverside; Brown, Nipomo; Barkan, San Francisco; Briggs, Sacramento; Powell, Stockton; Miller, Los Angeles; Baker, San Diego; and Pischel, San Francisco. Paper by Dr. E. W. Fleming, Los Angeles; title, "Early Clinical Manifestations of Tubercular Laryngitis," read by title and referred to Publication Committee. Paper by Dr. Fred Baker, San Diego; title, "Report of Cases Simulating Grave Mastoiditis." Discussion by Drs. Roberts, Pasadena; Briggs, Sacramento; Miller, Los Angeles, and Barkan, San Francisco. Paper by Dr. A. Barkan, San Francisco; title, "The Importance of Chronic Otorrhea, as Viewed by the Life Insurance Companies and the Medical Recruiting Officer." Dr. K. Pischel, San Francisco, demonstrated "The Use of Collodium After Nose Operations." Paper by Dr. W. E. Hibbard, Pasadena; title, "A Few Thoughts on Accessory Sinus Work," read by title and referred to Publication Committee.

##### Section on Pediatrics.

Paper by Dr. H. N. Rowell, Berkeley; title, "Neurasthenia in Childhood." Discussed by Drs. Wilde, Los Angeles; Parkinson, Sacramento; Winslow, Bartlett Springs; von Adelung, Oakland; Baker, San Diego; Pratt, Oakland, and Rowell, Berkeley. Paper by Dr. J. Maher, Oakland; title, "The Complications and Sequelae of Measles." Discussion by Drs. von Adelung and Pratt, Oakland; Evans, San Francisco; Parkinson, Sacramento; Baker, San Diego; Brown, Nipomo; Wilde, Los Angeles; Hunkin, San Francisco; Thomas, Oakland; Winslow, Bartlett Springs; Pischel, San Francisco, and Maher, Oakland.

Adjourned, 5:15 P. M.

#### THURSDAY AFTERNOON SESSION.

Dr. J. W. Robertson, Livermore, read a paper; title, "The Legal Responsibility of Medical Experts." Discussed by Drs. Brainerd, Los Angeles, and Rooney, Auburn. On motion, Dr. W. W. Beckett's paper, title, "Some Remarks on Hysterectomy, with Appended Report of One Hundred Cases," was then read. Discussed by Drs. Wakefield, San Francisco; A. W. Morton, San Francisco, and Beckett, Los Angeles.

Report of the Committee on Obstetrics. Paper by Dr. Henry Gibbons Jr., San Francisco; title, "Second and Fourth Positions of the Vertex." Paper by Dr. Charlotte Baker, San Diego; title, "Diagnosis and Management of Transverse Presentation in the Later



Months of Pregnancy." Papers discussed by Drs. Ewer, Oakland; Van Orden, Alameda; Buteau, Oakland; McCleave, Los Angeles; Krone, Oakland, and closed by Drs. Gibbons and Baker.

Report of Committee on Gynecology. Paper by Dr. Beverly MacMonagle, San Francisco; title, "Some Remarks on Gonorrhea in Women," read by title and referred to Publication Committee. Paper by Dr. W. F. B. Wakefield, San Francisco; title, "Utero-Sacral Ligaments and their Relation to the General Pelvic Conditions, of which Retroversion is the Chief Symptom." Discussed by Drs. Krone, Oakland, and Wakefield, San Francisco. Minutes read and approved.

Adjourned, 4:30 P. M.

GEORGE H. EVANS, Secretary.

### LEGISLATIVE BRANCH.

#### FIRST SESSION, TUESDAY, APRIL 19.

Opened at 8 P. M. Roll call showed 30 present.

Communications from San Bernardino, Ventura and Contra Costa counties regarding representation in Legislative Branch, were read.

The chair ruled that Ventura delegate, not being regularly accredited, could not be seated. This decision, on appeal, was sustained by the Legislative Branch. The report of the secretary was read and ordered placed on file. The report of the Board of Trustees was read by the secretary of the Board, Dr. J. Rosenstirn, and motion made that it be placed on file; seconded and carried.

The report of the treasurer was read by Dr. E. E. Kelly.

Moved and seconded that the reports of the secretary and treasurer be referred to a Business Committee, to report at the next session. Carried.

Moved and seconded that this Committee consist of three; carried. Committee appointed as follows: Drs. Wills, Sherman and Barbat.

Report of the Special Committee, to confer with permanent members and members-at-large, was read by the chairman, Dr. J. H. Parkinson. On motion, the report was accepted and placed on file, and the recommendations adopted.

Report of Publication Committee was read by the chairman, Dr. Philip Mills Jones, and, on motion, was referred to Special Committee of three to consider the recommendations and report at the next session. Committee appointed as follows: Drs. Carpenter, Bullard and King.

Report of Committee on Tuberculosis was referred to Scientific Branch, to be taken up with other papers on tuberculosis.

Report of Committee on Constitution and By-Laws was presented by Dr. Philip Mills Jones at the request of the chairman, Dr. C. G. Kenyon. Moved and seconded that report of Committee be referred back to Committee, to report tomorrow night. Moved as an amendment that matter be taken up and discussed section by section; seconded; carried.

#### \*Constitution.

##### ARTICLE I.

Sec. 1. Adopted.  
Sec. 2. Adopted.

Adopted.

##### ARTICLE II.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.  
Sec. 4. Adopted.  
Sec. 5. Adopted.

##### ARTICLE III.

##### ARTICLE IV.

Adopted.

##### ARTICLE V.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.

##### ARTICLE VI.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.

##### ARTICLE VII.

Adopted.

##### ARTICLE VIII.

Adopted.

##### ARTICLE IX.

Adopted.

##### ARTICLE X.

Adopted.

##### ARTICLE XI.

Sec. 1. Adopted.  
Sec. 2. Adopted.

##### ARTICLE XII.

Adopted.

##### ARTICLE XIII.

Adopted.

#### By-Laws.

##### ARTICLE I.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Moved to amend this Section by inserting "21 days" instead of "one month" in fourth line thereof.

Moved as substitute motion that Section be adopted as read.

Committee recommended 21 days; the other motion was withdrawn, and section adopted according to recommendation: "21 days."

Sec. 4. Adopted.  
Sec. 5. Adopted.

Sec. 6. Moved and seconded that in rejecting this Section, it be understood that those who are now honorary members remain so; carried. Section 6 rejected.

##### ARTICLE II.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.  
Sec. 4. Adopted.

##### ARTICLE III.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.  
Sec. 4. Adopted.  
Sec. 5. Adopted.  
Sec. 6. Adopted.  
Sec. 7. Adopted.  
Sec. 8. Adopted.

Sec. 9. Moved and seconded that House of Delegates be substituted for "it" on first line; carried.

Sec. 10. Same motion prevailed and that "it" be substituted for "House of Delegates" on third line; carried.

Sec. 11. Moved that "House of Delegates" be substituted for "it" on first line; carried.

Moved that a new section be created known as Sec. 12, to read: "Members of the House of Delegates shall be designated by an appropriate badge." Carried.

##### ARTICLE IV.

Sec. 1. Adopted.  
Sec. 2. Adopted.  
Sec. 3. Adopted.

Sec. 4. The following substitute was adopted:

Sec. 4. The Treasurer of the Society shall be some bank, trust company or other public depository to be determined by the Council. All funds received for the Society by any officer, committee or agent,

\* The Constitution and By-Laws here acted upon will be found in the JOURNAL, Dec. '03, p. 417, Jan. '04, p. 33, and Feb. '04, p. 65.

shall be at once deposited with the Treasurer. The Treasurer shall pay out the money of the Society only upon a properly executed check, issued by the Secretary and signed by the Chairman of the Council. The Secretary shall issue such checks upon the authorization of a properly executed voucher, signed by the Auditing Committee of the Council, and not otherwise. A cash fund of twenty five dollars (\$25.00) may be left with the editor or business manager of the publication office, from which fund petty cash items may be paid. But no bill exceeding five dollars (\$5.00) shall be paid except by check and in the manner herein provided.

Sec. 5. Adopted.

#### ARTICLE V.

Sec. 1. Adopted.

Sec. 2. Adopted.

Sec. 3. Adopted.

Sec. 5. Adopted.

Sec. 6. Adopted.

Sec. 7. Moved and seconded that "The Council" be substituted for "it" in Secs. 4, 5, 6, and 7; and that "it" be substituted for "the Council" on 18th and 21st lines of Sec. 6; carried.

Sec. 8. Adopted.

#### ARTICLE VI.

The entire Article, together with the substitute article proposed, was read. Moved to amend Sec. 4 of substitute by striking out everything after "members," on second line, to "it" at beginning of seventh line. Motion seconded and carried.

Moved and seconded that substitute to Art. VI. (with exception of Sec. 7) be adopted, Sec. 7 becoming Sec. 6. Article VI. as adopted, is as follows:

#### ARTICLE VI.

##### COMMITTEES.

SECTION 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be elected by the House of Delegates, unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of five members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of public health and of scientific medicine.

Sec. 4. The Committee on Arrangements shall consist of three members. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

Sec. 5. The Committee on Publications shall consist of the editor, as chairman, and four members appointed by the President. This committee shall have supervision of the general nature, scope and

policy of all publications issued by the Society, and shall have authority to publish, or exclude from publication in the JOURNAL or Register such matter as it may determine. When any question of unusual importance arises, it may meet with and consider such question or questions with the Council, and the determination of the Council and the Committee on Publications, in such joint conference, shall obtain until the question shall be settled by the House of Delegates.

SEC. 6. No paper, address or report presented before the general meeting, except the address of the President, shall occupy more than twenty minutes. In discussion, no member shall be allowed to occupy more than five minutes, except by consent.

#### ARTICLE VII.

Sec. 1. Adopted.

Sec. 2. Adopted.

Sec. 3. Adopted.

#### ARTICLE VIII.

Sec. 1. Adopted.

Sec. 2. Adopted.

Sec. 3. Adopted.

Sec. 4. Adopted.

Sec. 5. Moved and seconded that "eligible" be substituted for "entitled" on seventh line.

Sec. 6. Moved that Section be amended by striking out "Its decision shall be final," and substituting "If the decision of the Council be questioned an appeal shall be taken to the House of Delegates, whose decision in any case shall be final." Motion carried.

Sec. 7. Adopted.

Sec. 8. Adopted.

Sec. 9. Adopted.

Sec. 10. Adopted.

Sec. 11. Adopted.

Sec. 12. Adopted.

Sec. 13. Adopted.

Sec. 14. Adopted.

Sec. 15. Adopted.

Sec. 16. Adopted.

Sec. 17. Adopted.

Sec. 18. Adopted.

Sec. 19. Adopted.

#### ARTICLE IX.

Sec. 1. Moved and seconded that "Committee on Arrangements" be substituted for "Memorial Committee." Motion lost, and Section eliminated.

#### ARTICLE X.

Sec. 1. Adopted.

#### ARTICLE XI.

Sec. 1. Adopted.

Sec. 2. Adopted.

Sec. 3. Adopted.

#### ARTICLE XII.

Sec. 1. Adopted.

Sec. 2. Adopted.

Dr. Barbat moved that Constitution and By-Laws be adopted as a whole, with amendments. Moved and seconded that Art. IX. be eliminated; carried. Previous motion then carried.

Moved and seconded that we adjourn. 11:45 P. M.

#### SECOND SESSION, WEDNESDAY, APRIL 20.

Opened at 8 P. M. Roll call showed 36 present.

San Bernardino County Society delegate seated. Minutes read and adopted. Dr. Carpenter made announcement in regard to tickets and Pullmans. Report of Business Committee was adopted as read. Resolutions were read and were referred to Business Committee. Special Committee, to which report of Committee on Publications was referred, was read, and, on motion, was adopted. (These reports will be found printed at the conclusion of the minutes.)

### Place of Meeting.

Riverside was placed in nomination by Dr. Van Zwahlenburg. San Francisco was placed in nomination by Dr. W. I. Terry. Del Monte was nominated by Dr. Edwards.

Moved and seconded nominations close; carried. On motion, the secretary was instructed to record the vote by roll call. Riverside, having received 33 votes, was decided to be the place for the next meeting.

### Election of Officers.

**President:** Dr. Frank L. Adams, of Oakland, was nominated by Dr. Bates and seconded by Dr. LeMoyne Wills. Moved nominations close, and the secretary cast the ballot of the Society; carried. Secretary cast the ballot, and Dr. Adams was declared elected.

**First Vice President:** Dr. W. T. Lucas, of Santa Barbara, was nominated by Dr. Carson. Nominations closed, and secretary cast the ballot.

**Second Vice President:** Dr. W. W. Beckett, of Los Angeles, nominated by Dr. Mattison. There being no other nominations, the secretary cast the ballot for Dr. Beckett.

**Secretary:** Dr. Philip Mills Jones, of San Francisco, nominated by Dr. Evans. There being no other nominations, the secretary cast the ballot.

The following officers were elected:

**First Assistant Secretary:** Dr. T. C. McCleave.

**Second Assistant Secretary:** Dr. W. F. Barbat.

**Board of Examiners:** Dudley Tait and W. S. Thorne, of San Francisco; J. C. King, of Banning; A. L. Cotheran, of San Jose; G. F. Reinhardt, of Berkeley. **Alternates:** R. F. Rooney, C. D. Lockwood and C. A. Dozier.

**Councillors:** From Councillor Districts from 1 to 9, in the order as follows: Drs. A. S. Parker, H. Bert. Ellis, T. C. Edwards, Geo. A. Hare, J. L. Asay, C. G. Kenyon, E. N. Ewer, Thos. Ross, A. H. Mays; and Councillors-at-Large, as follows: F. B. Carpenter, George H. Evans, F. C. E. Mattison.

**Delegates to A. M. A.:** Drs. H. Bert. Ellis and Wm. LeMoyne Wills.

**Alternates:** Drs. G. A. Hare, O. D. Hamlin, H. G. Brainerd and A. W. Morton.

Dr. Harry M. Sherman, San Francisco, then introduced the following preamble and resolution:

**Mr. President and Delegates:** Charlotte Blake Brown, M. D., of San Francisco, died yesterday, the 19th of April, 1904, aged 57 years. She had been a pioneer woman physician and surgeon of California, and for long a member of this Society, and had been recognized always as a woman of high ideals and definite purpose, and of indefatigable effort in the doing of the things she held good. Her personality and earnestness inspired and accomplished the founding of the Children's Hospital of San Francisco, and she also aided in founding the first Training School for Nurses on the Pacific Coast. In the services of each institution she gave generously, for many years, of her time and means. In the wards of the hospital she achieved a reputation for high professional attainments and ability. She took active part in the founding of the Home for Feeble Minded Children at Glen Ellen, both in the preliminary work in the Legislature and in the Board of Directors on which she served. She was actively interested in the organization of the Associated Charities of San Francisco, and served on its first Board of Directors. In addition to assistance to public charities and institutions she was always ready to help the younger of the profession and the poor of all occupations. In view of these facts it seems fitting that this Society should

Resolve, That it expresses its high opinion of her character and attainments, and appreciation of her

work in life, and that it assures her family and friends that all of its members share in the common grief at her death.

The resolution was unanimously passed by a rising vote.

The following resolution was then introduced and passed:

Resolved, That the Medical Society of the State of California endorses the invitation of the San Francisco County Medical Society to the American Medical Association to hold its session of 1905 in San Francisco, and that the delegates of this Society be instructed to work for this end in accordance with this invitation.

Dr. Emmet Rixford moved to amend Constitution, Art. 6, Sec. 3, by omitting the words "who is not in attendance upon that annual session."

On motion, the report of Business Committee was then received, its recommendations adopted, and the Committee discharged; carried.

Dr. Philip Mills Jones elected delegate to represent this Society in the Association of State Medical Journal Editors, at Atlantic City.

Moved and seconded that component societies be requested to pay 50% of their assessment (fixed at \$2 for the year April, '04 to April, '05) on July 1, 1904; carried.

Minutes read and approved. The president then presented the president elect, Dr. Frank L. Adams, of Oakland, who addressed the House of Delegates. Moved and seconded that House of Delegates extend its thanks to the officers; carried. Announced that Council meet at 8 A. M. Thursday.

Adjournment, 10:35 P. M.

### THIRD SESSION, THURSDAY, APRIL 21, 12 M.

The following committees, as under the By-Laws, were elected:

**Committee on Scientific Work**—Drs. Wallace I. Terry, San Francisco; C. Van Zwahlenburg, Riverside (since resigned); George L. Cole, Los Angeles; John C. King, Banning.

**Committee on Public Policy and Legislation**—Drs. F. B. Carpenter and C. C. Wadsworth, San Francisco, and John Haynes, Los Angeles.

Dr. Philip Mills Jones introduced the following amendments to the Constitution:

Add to Article VI. the following sections:

**Sec. 4.** The selection of the place of meeting and the election of officers shall be the first order of business of the House of Delegates at the second evening session of each annual meeting.

**Sec. 5.** All officers shall be elected by ballot and shall serve until their successors are chosen and qualified.

The House of Delegates then adjourned, 12:15 P. M.  
GEORGE H. EVANS, Secretary.

### REPORT OF THE BUSINESS COMMITTEE.

Your Business Committee begs leave to report as follows:

**First.** That the organization being carried on throughout the State be continued and be made obligatory.

**Second.** The report of the Publication Committee has been referred elsewhere. (To a Special Committee.)

**Third.** We recommend that all delinquent accounts of members who are members of component societies and members-at-large be put in the hands of a collection agency and pushed to settlement. The amount of both classes appears to be \$182.00.

**Fourth.** We approve the proposed method of auditing the accounts.



Fifth. As there is now no Committee on Medical Education, we therefore recommend that a Special Committee be appointed by the president to confer with a similar committee of the American Medical Association, for we believe that this movement should be National rather than local.

Sixth. We believe that a committee of three on Vital Statistics should be appointed to assist the State Board of Health in this important and heretofore neglected work.

Seventh. We thoroughly agree with the secretary, that the Register should be continued and improved, and if practicable a tri-State Register, as proposed, should be published.

Eighth. We recommend that the assessment upon component societies be made \$2. instead of \$1, as at present.

Ninth. We recommend that the Committee on Tuberculosis be continued, and its work and the work of the League receive the approval and endorsement of this Society.

#### Second Report of the Business Committee.

The Business Committee, after careful and mature deliberation, recommends that the Society endorse the following:

##### First Resolution.

The Medical Society of the State of California, in regular session assembled, representing more than three-fourths of the regular physicians in the State of California, respectfully urges the passage by the Senate of the United States, of the bill known as the "Heyburn Pure Food and Drug Bill," H. R. 6295. We believe that the proper and efficient safe-guarding of the people of the United States necessitates the enforcement of the standards and requirements embodied in the legislation proposed.

##### Second Resolution.

Whereas, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures, therefore, be it

Resolved, That it is the sense of the American Medical Association that measures be taken by boards of health, boards of education and school authorities, and, where possible, legislation be secured, looking to the examination of the eyes and ears of all school children, that disease in its incipency may be discovered and corrected.

##### Third Resolution.

In view of the fact that more than 400 deaths from tetanus occurred following the Fourth of July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the *Journal of the American Medical Association* of August 29, 1903, the great majority of which might have been prevented had proper precautions been taken; therefore, be it

Resolved, That the conclusions which follow, as offered by Dr. Stanton in a paper presented before the Association, at the above meeting, be endorsed as the sense of this Society:

1. Enforcement of existing laws regarding the sale of toy pistols and other dangerous toys.
2. Enactment of laws by the Nation, States and municipalities prohibiting the manufacture and sale of toy pistols, blank cartridges, dynamite canes and caps, cannon crackers, etc.
3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of tetanus.
4. Immediate use of tetanus antitoxin in all cases of Fourth of July wounds, or wounds received in barn-

yards, gardens, or other places where tetanus infection is likely to occur.

5. As a forlorn hope, the injection of tetanus antitoxin after tetanus symptoms have appeared.

#### Fourth Resolution.

We recommend the organization of an association to be known as the American Association of State Medical Journals, as outlined in the communication from the secretary of the Kentucky State Medical Association, and approve all the recommendations in that communication.

#### Fifth Resolution.

We recommend the appointment of a Special Committee of 3 on Vital Statistics, and that such committee coöperate with the California State Board of Health, and with Dr. Cressy L. Wilbur, Division of Vital Statistics, Department of Commerce and Labor.

Respectfully Submitted,

HARRY M. SHERMAN,  
W. LeMOYNE WILLIS,  
J. HENRY BARBAT,

Committee.

Report and recommendations adopted.

#### REPORT OF THE TREASURER.

Cash on hand, April 1, 1903.....	\$3790.40
Received during the year .....	5072.80
Savings Bank dividends .....	59.72
Savings Bank additional dividends .....	3.82
	<hr/>
	\$8926.74
Disbursements, 101 items on warrants of Secretary .....	\$8150.22
Paid Union Trust Co. of S. F.....	776.52
	<hr/>
	\$8926.74

(Signed) E. E. KELLY, Treasurer.

Dr. E. E. Kelly, Treasurer Cal. State Medical Society:

The undersigned members of the Auditing Committee having examined your books and accounts, are pleased to report that we find them concisely and correctly kept.

E. L. WEMPLE,

April 15, 1904. Chairman Auditing Committee.

#### REPORT OF SECRETARY.

To the Officers and Delegates of the Legislative Branch of the Medical Society of the State of California:

I herewith submit my annual report:

Pursuant to the policy of the Constitution, the work of the organization of county societies has proceeded energetically during the past year, and since our last meeting fourteen new county societies have been affiliated. They are as follows: Butte, with a membership of 15; Kern, 16; Kings, 9; Mendocino, 20; Merced, 9; Monterey, 20; Napa, 22; San Benito, 10; San Luis Obispo, 14; Santa Cruz, 19; Shasta, 16; Sonoma, 46; Ventura, 15; Yolo, 10, thus giving the Society an increase of 241 in membership through the medium of new societies organized.

Those societies affiliated at the time of the 1903 meeting have, with few exceptions, experienced a gain in membership. This gain is on the whole commendable, and is evidence of active work on the part of officers and members. It is, however, the opinion of the secretary that it could have been greater had more zeal been displayed in some sections. More systematic organization in counties is necessary. Of course the largest increase in membership is, as a rule, seen in the largest societies, as the following table will show:

Society—	Gain.	Society—	Gain.
San Francisco.....	94	San Joaquin.....	5
Los Angeles.....	75	Santa Barbara.....	5
Alameda.....	24	San Diego.....	4
Santa Clara.....	18	Placer.....	3
Fresno.....	14	Orange.....	1
Humboldt.....	9	Sacramento.....	1

Yuba and Sutter has lost one, and Riverside has lost two, in membership during the year.\*

No report on membership has been received from Contra Costa or San Bernardino Societies during the year.

In order to show the comparative activity of the component societies, however, the net gain of each in percentages is necessary:

Society	Members		Gain.
	1903	1904	
Santa Clara .....	28	46	64%
Humboldt .....	20	29	45%
Fresno .....	33	47	42%
Los Angeles .....	203	278	36%
Santa Barbara .....	15	20	33%
Alameda .....	89	113	27%
Placer .....	12	15	25%
San Francisco .....	370	464	25%
San Diego .....	19	23	21%
San Joaquin .....	26	31	19%
Orange .....	20	21	5%
Sacramento .....	44	45	2%
Marin .....	10	10	0%
Yuba and Sutter .....	11	10	lost 10%
Riverside .....	19	17	lost 12%

It is to be hoped that the societies showing no gain in membership will endeavor to increase during the coming year. Eligible physicians reside in these counties whose membership could probably be obtained by personal solicitation. The day is past when the County Society should be considered in any sense a select medical club. The best interests of the profession demand that every effort should be made to enroll every respectable legally qualified practitioner throughout the land, in the regular organization. There still remain districts in which no county organizations exist, and it is to be hoped that the ensuing year will see activity along these lines in such districts.

In my last report I recommended that an amendment to the By-Laws be enacted, adding to the duties of the Board of Trustees the formation of new societies where none exist. This amendment was enacted, and, as a result, most of the organization of new societies during the year has been accomplished by this Board. It is urged that the incoming Board or Council continue this work. The coming year should see every eligible physician in California within our ranks.

The most encouraging feature is the interest taken in the State Society by the component bodies. This is seen in the columns of the JOURNAL, and I do not believe there exists a member who does not appreciate the fact that the JOURNAL keeps the State Society a living issue from month to month. Such interest is necessary to the life and prosperity of any organization. The Publication Committee has expended a great deal of time and earnestness on the JOURNAL, and, with the able supervision of its editor, has made it become, in a short time, a more valuable asset to the State Society than its most sanguine supporters could have anticipated. It is urgently recommended by your secretary that the present policy of the JOURNAL be continued, and that this body provide the necessary funds for the purpose, by an increased assessment on the component societies.

\* Mendocino has not sent a delegate. Santa Cruz list of members does not correspond with amount of assessment.

During the year the Society published a Register of the physicians practicing in California. This Register has been distributed to the members gratuitously, and it is hoped that its issuance will be continued. A complete card file of the physicians of the State has been instituted, which will simplify in future the compilation of the Register.

The library has been placed in the rooms of the San Francisco County Medical Society, and is accessible to all members.

Contra Costa and San Bernardino County Societies have failed to send in their annual assessment as required by Article 14, Section 3, of the By-Laws, and are consequently not entitled to representation in this body.

The number of permanent members has decreased, owing to the efforts to enroll them in the membership of component societies. There are six remaining. A committee was appointed by the president to confer with these and endeavor to induce them to join their county societies, which committee undoubtedly has a report ready.

The matter of delinquent members continues to annoy the secretary. One hundred dollars has been collected during the year from this source, but the following members remain delinquent:

A. C. Bothe, T. Coolidge, C. Ford, J. J. Keefe, W. F. H. Osmun, M. Strunsky, S. Trask and A. P. Woodward, of San Francisco; C. W. Evans, Modesto; G. M. Hughes, Mexico; G. W. Otto, Santa Barbara, and H. P. Palmer, Woodland.

These men owe the Society \$93, and as a number of them belong now to affiliated societies, there seems to be no way of compelling them to pay, if they choose to adopt this means of repudiating a debt.

Notices proving useless, the Board of Trustees, during the year, endeavored to persuade them to pay by ordering that the publications of the Society be withheld. An addition has been made to the delinquent list because of members-at-large who have failed to pay this year's dues. This indebtedness amounts to \$84, and, as in the other instance, every effort has been made to collect it. It is to be hoped that some legislation will be enacted at this meeting looking toward a liquidation of this indebtedness.

The number of members-at-large has been decidedly decreased through the growth of component societies, and the organization of new ones. At the present time they number only 58, while at the 1903 meeting there were 119. I believe that energetic work on the part of county society secretaries would cause this list to disappear. Realizing that the contemplated Constitution makes no provision for this class of members, some time ago I sent a letter to each one of them, urging them to affiliate with a component society. I also sent a letter to the secretaries of county societies, giving each a list of the eligible members-at-large and urging them to personally solicit their membership. The result of this invitation has so far been eminently satisfactory, a considerable number having responded.

The Society has lost seven members through death during the year.

The membership of the Society is as follows:

Affiliated members .....	1446
Members-at-large .....	58
Total active members .....	1504
Honorary members .....	23
Permanent members .....	6
Total membership .....	1533

**Financial Statement.**

Receipts, April 27, 1903, to April 13, 1904:	
Affiliated societies .....	\$1361.00
Members-at-large .....	219.00
Delinquent members .....	100.00
Board of Trustees .....	25.00
Santa Clara County Society .....	50.00
(Fund for Board of Examiners).	
	\$1755.00

Disbursements, April 27, 1903, to April 13, 1904:	
Journal account .....	\$2007.48
Register account .....	2771.40
Secretary's and Treasurer's offices.	124.22
Board of Examiners .....	600.00
Salaries .....	1650.05
Committees .....	375.70
Board of Trustees .....	121.00
	\$7649.85

Respectfully Submitted,

GEORGE H. EVANS,  
Secretary.

We, the undersigned members of the Auditing Committee, have examined the books and accounts of the secretary, and pronounce the same to be correct.

E. L. WEMPLE, Chairman.

**REPORT OF THE PUBLICATION COMMITTEE.**

To the President and Delegates—Gentlemen:

The Chairman wishes to preface the report of the Publication Committee by expressing his deep gratitude to the members, individually and collectively, for the continuous aid and assistance they have freely and cheerfully given him during the past year. And to the Auditing Committee of the Trustees, for responding to the request made at the first meeting of the Board, last year, that they should audit the accounts of the office each month; this they have done. The Publication Committee met regularly every month and all questions of general policy were carefully discussed before any decision was reached. Particularly does the editor owe these gentlemen thanks for the hearty support given to the policy of excluding unethical advertising, even at considerable financial loss.

The Register of Physicians was issued by the Board of Trustees and this committee had nothing to do with it, consequently no report upon the work that has been done can be made here. We would recommend, however, that in future all publications of whatever sort be issued from the Publication Office, and that provision be made for transacting all the business resulting therefrom in that office. The by-no-means insignificant labors of the past year have been rendered still more arduous by virtue of the clumsy and inefficient machinery provided. The proposed new Constitution and By-Laws, with the addition recommended by the Publication Committee and the auditors of the Trustees, covers the ground sufficiently well and provides ample safeguards. We believe that the Register can be made even more useful and valuable to the members, as the work of compiling the card index progresses more nearly to completion. This work, however, is a never-ending labor and will require the constant attention of a stenographer during the year. The plan of making the Register a tri-State Directory, and including the physicians of Oregon and Washington, has been suggested and considered by the committee. We believe that this can be done and the book supplied to the members of those societies at no extra expense to our own Society. We

would recommend that the Publication Committee be authorized to take such action in the matter as, on further investigation, it deems best.

The STATE JOURNAL, from the time of the first payment made by the Society, in October, 1902, to the 14th of April, 1904, has cost the Society a total of \$3,936.80; the balance of cost has been defrayed from its own earnings. The JOURNAL has issued seventeen numbers, the equivalent of two years' transactions. It has printed 58 papers, read at the State Society meetings, and 55 papers, read at other medical society meetings. In addition to this it has published 131 pages of reports of County and other medical society meetings. The total number of pages printed is 716.

Assuming the membership to be approximately 1500, and taking into consideration the increase in the cost of everything pertaining to the printing trade, it would now cost the Society from \$1,500 to \$1,800 annually to issue the bound volume of transactions in the old form. Thus it is seen that the JOURNAL has cost the Society only a few hundred dollars more than the Transactions would have cost.

In starting the JOURNAL, at the request of the Board of Trustees, the editor clearly recognized two policies, radically different in their scope, for the conduct of such a journal.

The first plan is that which has been pursued by several State societies in the publication of their transactions in journal form. It is, to publish only the papers read at the annual meetings, reports of such County Society meetings as come in, very little editorial matter, and do the whole in as cheap and unpretentious a manner as possible. No effort or expense is undertaken, under this plan, to develop the possibilities of the Journal, nor to secure advertising, nor to make the Journal a particularly desirable advertising medium. Under this plan the amount of advertising secured would always remain small and the Journal continue to be a source of expense of probably \$1,800 or \$2,000 a year to the Society.

The alternate plan was to set pretty high advertising rates; a high standard of ethics for the advertising pages; prosecute an energetic campaign for good, high-class advertising; stimulate organization throughout the State; publish the very best Journal that time and hard work could make; invest more money for the first two or three years than would be called for by the other plan, but eventually secure a self-supporting Publication Office that would not be a source of expense to the Society after the investment of the first few years. This latter plan was adopted as the better business policy.

We have striven hard to accomplish two objects: First, to make the JOURNAL so valuable to the physicians of the State that they would find difficulty in getting along without it. How successful we may have been in this direction remains for others to offer, it could put on, almost at once, at least ten pages of advertising and thus entirely wipe out the deficit in its running expenses. But your Publication decide. Second, to make it so desirable an advertising medium that its pages will be in demand and its advertising receipts increase to the point of self-support. In this direction we have met with greater success than could have been hoped. During the past twelve months we have earned approximately \$2,000; the prospective income for the next twelve months, based upon advertising contracts signed, and not allowing anything for a probable increase in business, exceeds \$4,200; in other words, our business has doubled.

It remains for the House of Delegates to decide whether this policy shall be continued; whether the investment shall be made during the first years of the JOURNAL life and a self-supporting Publication



Office secured. To do this it will be necessary to provide additional revenue for the ensuing year, for, while our revenue is increasing, our expenses will also increase.

If the JOURNAL were to recede from its position in regard to ethical advertising and accept any business Committee believes that to publish the advertisements of secret remedies is not ethical, professional nor honest, and in this ruling it has been sustained by the Board of Trustees, and by resolution of several county societies. We believe that the time has arrived when we may, by continuing the fight against the multitude of abuses which have crept into the domain of materia medica, be the primary cause of effecting a great reform throughout the entire country. The questions involved are too profound to permit of discussion here. It may be said in passing, however, that we have already made a decided impression, though the JOURNAL has been in existence little more than eighteen months.

Your Committee decided at one of its earliest meetings that no paper read at the annual meeting should be published in our JOURNAL, if it had been previously published elsewhere. It is very easy to arrange for simultaneous publication, and if a member wishes his paper published in some journal in addition to his own, he can so advise the Publication Committee, stating the name of the journal in which his paper is to be printed, and we can then arrange with such journal to have the article appear about the same time in both publications. We recommend that you rule upon this matter, stating clearly that all papers read at the meetings become the property of the Society.

The building up and carrying on of the publications of the Society has become a considerable business enterprise. As a suggestion of the amount of work passing through the Publication Office, it may be stated that, since the first of January, 2,707 letters have been mailed. It is impossible to segregate this work and say how much of it is chargeable to the JOURNAL, how much to the Register, and how much to organization work. The JOURNAL office is used as the central office of the Society. Its committees and trustees meet there, and the work of compiling the card file of physicians and the data for the next issue of the Register is placed there. Thus many expenses appearing against the JOURNAL should appear against the Society or against the Register. Thus it is hardly fair to charge office furniture, typewriter, etc., entirely to the running expenses of the JOURNAL when they are really expenses of the Society as such.

At the November meeting of the Trustees the editor was requested to take charge of the distribution of the Register and the compilation of data for the next one. For this purpose he was allowed a stenographer. Following the example of the New York Association, this work has been entirely turned over to the stenographer, and is rapidly going forward. The limit fixed by the Trustees (\$40 per month) is not sufficient to keep a first-class stenographer, and the one at present on the work had, previously to coming to our office, been receiving \$50 per month. The salary allowed for this purpose should be increased to this amount.

While, in theory, the editor has been receiving \$75 per month, he has in fact received nothing, for all of this money has been paid to Mr. J. J. Harrison, the business manager, whose time has been fully occupied and whose services are both underpaid and absolutely essential. The chairman of your Committee, as editor of the JOURNAL and as Trustee, has devoted all of his time since last August to the work of the Society, its organization and its publications, and has cheerfully done so without recompense. He cannot, how-

ever, continue to do so for the ensuing year, unless provision is made for at least partially paying for his time.

The estimated expenses and income of the Society for the following year are as follows:

Expenses.	
Salary of Secretary .....	\$ 400.00
Expenses of meeting .....	200.00
Journal and stationery .....	3000.00
Register printing .....	850.00
Salaries, editor, manager and stenographer .....	3000.00
Distribution .....	275.00
Office expenses .....	300.00
	<b>\$8025.00</b>

Estimated Income.	
Advertising, Register, net.....	\$2000.00
Advertising, Journal, comm., already paid; contracts signed, and no allowance for renewals or new business .....	4200.00
	<b>\$6200.00</b>

Deficit to be met by State Society .....\$1825.00

In conclusion, your Committee would most earnestly recommend that some simple and safe business plan be formulated at this meeting, whereby the business of the Society may be expedited.

Respectfully submitted,  
 PHILIP MILLS JONES,  
 GEORGE H. EVANS,  
 C. D. McGETTIGAN,  
 G. F. REINHARDT,  
 HARRY M. SHERMAN,  
 Committee.

Dr. Philip Mills Jones, Editor CAL. STATE JOURNAL OF MEDICINE:

The undersigned, members of the Auditing Committee, have examined your books and accounts, and must compliment you for the methodical and business-like method used in conducting the affairs of the JOURNAL. We have been able to rapidly note your collections and disbursements, finding all correct and in perfect order.

E. L. WEMPLE,  
 Chairman Auditing Committee.

#### Report of the Special Committee on the Report and Recommendations of the Publication Committee.

Your Committee, to whom was referred the report of the Publication Committee, recommend the adoption of the report, together with the following resolutions which are germane to the subject matter therein contained:

Resolved, That the Publication Committee, with the sanction of the Council, be authorized to exercise its discretion in regard to the establishment of a tri-State Directory, if such can be done without expense to this Society.

Resolved, That the House of Delegates hereby advise its Council to employ for the ensuing year:

- An editor, at a salary not exceeding \$1500 a year.
- A business manager, at a salary not exceeding \$1000 a year.
- A stenographer, at a salary not exceeding \$600 a year.

Respectfully submitted,  
 F. B. CARPENTER,  
 ROSE T. BULLARD,  
 JNO. C. KING,  
 Committee.

Report and recommendations adopted.

## REPORT OF MEMORIAL COMMITTEE.

J. LAMBERT ASAY, M. D., Chairman.

There comes a time in our deliberations when the busy cares of associational work and the consideration of scientific problems should be laid aside for a few brief moments, that we may hearken to the voice of sorrow and pay tribute to our dead. It is a time when it becomes us, in the sincerity of our feelings, to bow our heads in reverential remembrance of our companions who have gone out from the mists and fogs of the valley to the sunshine of the eternal highlands.

We cannot roll away the stone at the door of the sepulchre and bid each solemn, silent tenant come forth, but, standing here, we can picture to the mind our brethren as they were, and render homage to their worth. We can look back, and by looking back recollect and cherish all the good and pure with which we knew them to be possessed. Turning the leaves of memory's book, we will forget no single virtue, but taking from it that page whereon might be inscribed the slightest of human imperfections, leave naught but the golden verse which makes us realize that this world is the better for their having lived in it.

To offer consolation to the bereaved families would be but formal and ineffectual, since such a gift descends only from heaven. Time has, however, no doubt, softened the first deep anguish of those nearer and dearer than ourselves. Nevertheless, it is meet for us, at this time, to give expression to our sympathy for the wife and children who have been so sorely stricken. It is only on occasions like this that we, as a body of which the deceased were beloved members, have the opportunity to offer solace to their grief, and to reveal to them the high esteem and deep affection held in our hearts for our late brethren.

The life of the physician is by no means conducive to longevity. Every step in his pathway is beset by hazard. Each sleepless night, every anxious vigil over disease and suffering, the repeated drafts upon the vital forces by the conscientious discharge of duties, are sure to lessen the number of his days. Yet though the sum of his years be few, there is condensed in this short life more ripened experience and a greater familiarity with human nature and impulses, than is given to those of other pursuits or professions who have reached beyond their three score and ten.

It is to be regretted that more extended notice of some of our deceased members cannot be here given. In these instances it has been impossible for your Memorial Committee to secure such histories as to permit other than mere mention. By this omission, however, it must not be supposed that our friendship in life was less warm, their associations less genial, or the influence of their daily lives in any measure unappreciated, or less worthy of recognition. They, too, abide in our memories.

Of these deaths, the following are announced:

**J. J. Flood.** He received his degree from the Medical Department of the University of California, July 13th, 1895. He was assistant in orthopedics in the clinics of that college. He joined the San Francisco County Medical Society, March 8th, 1898.

**C. H. Reese.** Graduated from Cooper Medical College, December 6th, 1894. Joined the San Francisco County Medical Society, May 13th, 1902. He was for several years resident physician at the German Hospital in that city.

**T. Byron DeWitt.** Graduated from Rush Medical College, Illinois, January 17th, 1872, and came to California in 1876. He was one of the oldest living members of the San Francisco County Medical Society, with which he was connected from August 24th, 1880, to the time of his death.

**Julius A. Crane.** The saying that death loves a shining mark has been exemplified in the taking away of our friend and associate, Dr. Julius A. Crane, though little over two score years of age. He was born on the 21st day of January, 1854, and died June 6th, 1903. He received his degree of Doctor of Medicine from Charity Hospital Medical College, Ohio, February 24th, 1870, after which he entered practice. In recognition of his fitness, he was appointed assistant superintendent of the Iowa State Hospital for the Insane, which position he filled from 1873 to 1875, when he removed to California, and a year later located in Santa Ana. On March 15th, 1882, the Medical Department of the Western Reserve University of Ohio, bestowed upon him the *ad-eundem* degree. In 1889, he was appointed superintendent of the State Hospital for the Insane at Agnews, Santa Clara County, and served in that capacity to the time of his death. To his memory nothing more fitting can be said than the tribute paid by his professional brethren of the Orange County Medical Society, of which he was at one time its honored president, and from which the following extract is taken:

"Dr. Crane was a man of high moral character, a gentleman and physician of true and generous impulses, a colleague worthy of confidence and esteem, and a competitor upon whose ethical sense and manly courtesy one might forever rely. His sterling worth, his clean private and professional life during his long residence of more than a quarter of a century in the Santa Ana Valley, had endeared him to a host of friends, not the least appreciative of whom are those members of this Association who have been for the longest period his fellow-workers in the profession of medicine. When called by the State of California to a position of responsibility and honor as superintendent of the Insane Hospital at Agnews, it became a matter of pride for us that he brought to that position a special fitness and an integrity of purpose that rendered his administration an unusually successful one, and enabled him to retire from what proved his last labor in his profession with a full assurance of a faithful service and duty well done."

**Millard Maybee.** Millard Maybee, M. D., C. M., was a member of the Riverside County Medical Society. He was born on the 15th day of February, 1856, at Kingston, Ontario, Canada. He received his early education at the Academy in Napanee, Sydenham High School, and the Normal School at Ottawa. He taught school for six years, after which he attended Queen's College, Kingston, graduating in medicine therefrom April 25th, 1887. He practiced medicine at Milford, Ontario, for four years, and came to Riverside in the spring of 1891, where he followed his profession until March, 1903, when he contracted pneumonia, which was followed by mastoiditis and cerebral meningitis, which caused his death on the 10th day of June following. He left a widow and one daughter, with whom we sympathize in their bereavement.

**Charles Brooks Brigham.** On the 24th day of August, 1903, Dr. Charles Brooks Brigham passed to his rest, at the age of fifty-eight years.

Dr. Brigham was a native of Boston, and received his early education in that city. He was a graduate of the Boston Latin School, and was given his Bachelor degree by Harvard University in 1866, and from the latter institution he was also graduated Doctor of Medicine in 1870. During his last year in the medical department of this University, he filled the position of house surgeon of the Boston City Hospital. Desiring to familiarize himself with military surgery, he went abroad and served during the Franco-Prussian war as surgeon-in-chief of the ambulance *L'Ecole Forestier*. In 1873 he came to California, and engaged in practice of his profession in San Francisco. From 1875 to 1879 he was surgeon of the French Hospital,

and at the time of his death was one of the surgeons of St. Luke's Hospital. He was an honored member of the San Francisco County Medical Society, and corresponding member of the Society of Medicine of Nancy, France. He was also a Chevalier of the Legion of Honor of France, and a Knight of the Order of the Crown of Germany. A widow and three children mourn his loss.

**Louis A. Kengla.** Once again with lighted taper the Angel of Death visited among us, and gently took away our beloved friend and associate, Dr. Louis A. Kengla, to a life in the Eternal Home. The summons found him ready for the great change which he had realized for many days to be inevitable.

The heart that had beat for humanity, for all that is high and holy in our councils, has ceased to throb. His was a spotless life. His many virtues shone as a cluster of jewels in a setting of manly honor. Truly it can be said of him that as a man he was just and pure, sincere in all his doings, patient, amiable, kind and loving. True to himself, faithful to his profession, he is entitled to our grateful and honorable remembrance.

Dr. Kengla was a native of Washington, D. C. He received his medical degree from the University of Georgetown in 1886. Three years later he came to California and was thereafter engaged in general practice. He was president of the San Francisco County Medical Society last year, and had been secretary of the California Academy of Medicine for several years. He was married to Miss O'Kane, daughter of a prominent San Francisco merchant. His death, which occurred on the 26th day of March last, was undoubtedly hastened by overwork. His widow, three daughters and a son mourn the loss of husband and father.

For nearly five years Dr. Kengla was one of the editors of the *Occidental Medical Times*, in which high class magazine he held a proprietary interest. As a scholar and writer he was pre-eminent; wise and candid in his sayings, incisive and fearless when duty prompted. His pen was ever wielded in the majesty of truth and right against wicked attempts to debauch and degrade our profession. His able editorials and the mighty influence they possessed, did much to protect our integrity from the assaults of designing and unscrupulous foes. He was chosen a delegate by his County Society to represent San Francisco with its other representatives at this meeting. We sadly miss his mature judgment, his knowledge of our needs, and, greatest of all, his safe counsels. His work has been well done, and now, weary and tired, he has laid down his burden and rests in peace.

How shall we apply the lesson of this memorial hour? May we not derive inspiration from the good works and generous natures of our departed brethren? Can we not profit by their examples of study and conquest? Shall we not gather the richer treasures of their life's experiences and add new luster to the gems? Like them, shall we not love right for its true and proper value, and remember, too, that our profession is only noble so far as we ennoble ourselves? Then let our part be the struggle and mastery of self; the development and ripening of the intellectual powers; the constant growth of every faculty of our being, wooing from knowledge her hidden secrets, brushing away the cobwebs of ignorance and superstition, the rust and corrosion of time, working today for the triumphs of the morrow. If we would wear the laurels we must win and merit them by our own efforts.

"To live nobly and in life to act greatly," the ancients said, "was to be like unto the gods, and so men ascended to the stars."

#### REPORT OF THE COMMITTEE ON PERMANENT MEMBERS OF THE STATE SOCIETY IN RELATION TO THE GENERAL PLAN OF RE-ORGANIZATION.

The Committee appointed for the purpose of bringing the permanent members of the State Society in line with the scheme of organization, begs to report as follows:

The list of permanent members appearing in the Transactions for 1901 was taken as a basis. This list includes 25 names. Of these, 11 have passed away, and of the survivors: five have retired from active practice, while nine are still hard at work. Of the five retired none were in active affiliation with a local society but one, Dr. W. R. Cluness, a past president, was an honorary member of his former local Society. This situation suggested a way out of the difficulty as far as the retired members were concerned, and efforts were at once made to have them affiliated as honorary members. In accordance therewith, Dr. C. B. Bates of Santa Barbara was elected an honorary member of the Santa Barbara County Society, and Dr. S. J. S. Rogers of Marysville, of the Yuba and Sutter County Medical Society. Efforts were made to have Dr. Harrison Neal of San Miguel elected to honorary membership in the San Luis Obispo County Society, but so far without success.\* In the case of the remaining member, Dr. C. Cushing, his notice of retirement came too late for application to the San Francisco County Society, to which, however, he is eligible on the same basis.† Of the nine members in active practice, all but one are members of their local societies. This member's attention was called to the necessity of affiliation with his local Society, but without success. The Committee recommends:

1. That for the purposes of organization, honorary membership in a local society, in the case of permanent members who have retired from active practice, be regarded as equivalent to active membership, the local society, in each case, providing the regular annual assessment to the State Society.

2. That, in the case of Dr. C. Cushing, formerly of San Francisco, and Dr. Harrison Neal of San Miguel, the secretary be instructed to communicate with the secretaries of their respective local societies and urge that they be elected to honorary membership.

3. In the case of the one member in active practice who is not in affiliation with his local society, no recommendation is offered, there being a clause in the new Constitution and By-Laws which, if adopted, will provide for it.

(Signed)

JAMES H. PARKINSON, Chairman,  
C. G. KENYON,  
PHILIP MILLS JONES,

April 18, 1904. Committee.

A list of permanent members, showing the status in each case, is herewith appended:

#### List of Permanent Members of the Medical Society of the State of California, Appearing in the Transactions for 1901, Revised and Corrected to Date:

Bates, C. B., Santa Barbara; retired; honorary member Santa Barbara County Medical Society.

Chesley, C. P.; deceased.

Clark, Asa, Stockton; member San Joaquin County Medical Society.

Cluness, W. R., San Francisco; retired; honorary member Sacramento Society for Medical Improvement.

Cole, R. B.; deceased.

Cushing, C., San Francisco; retired.

Elliswood, C. N., San Francisco.

Flint, Thos., San Juan; member San Benito County Medical Society.

\* Elected an honorary member since this report was made.

† Died May 11, 1904.



Footo, E. N.; deceased.  
 Gibbons, H. Jr., San Francisco; member San Francisco Medical Society.  
 Gibbons, W. P.; deceased.  
 Hunt, R. M.; deceased.  
 Jones, W. C.; deceased.  
 Lane, L. C.; deceased.  
 Murphy, R. W.; deceased.  
 Neal, Harrison, San Miguel; retired.  
 Robertson, E. B.; deceased.  
 Rogers, S. J. S., Marysville; retired; honorary member Yuba County Medical Society.  
 Ross, Thos., Sacramento; member Sacramento Society for Medical Improvement.  
 Shurtleff, B., Napa; member Napa County Medical Society.  
 Shurtleff, G. A., Stockton; deceased.  
 Simmons, G. L., Sacramento; member Sacramento Society for Medical Improvement.  
 Thorne, W. S., San Francisco; member San Francisco County Medical Society.  
 Todd, F. W.; deceased.  
 Todd, T. M., Auburn; member Placer County Medical Society.

#### MEMBERS WHO REGISTERED.

The following is the list of members in attendance at the last meeting of the State Society, Paso Robles, April 19-21, who registered. There were a number who did not register. In future it will be necessary for every one to register, in order to take part in any of the proceedings:

H. Bert. Ellis, Los Angeles; George H. Evans, San Francisco; W. J. G. Dawson, Eldridge; H. S. Orme, Los Angeles; Carl Krone, Oakland; Kate Wilde, Los Angeles; Chas. F. Miller, Gardena; Thos. Ross, Sacramento; R. F. Rooney, Auburn; F. C. E. Mattison, Pasadena; R. W. Miller, Los Angeles; J. Rosenstirn, San Francisco; C. G. Kenyon, San Francisco; N. K. Foster, Sacramento; Martin Regensburger, San Francisco; Ernesto Johansen, San Francisco; W. W. Beckett, Los Angeles; W. LeMoyné Wills, Los Angeles; J. L. Carson, Bakersfield; Chas. E. Winslow, Bartlett Springs; Kate P. Van Orden, Alameda; A. S. Parker, Riverside; H. G. Brainerd, Los Angeles; Claire W. Murphy, Los Angeles; ——— Hunkin, San Francisco; F. B. Carpenter, San Francisco; J. Henry Barbat, San Francisco; E. L. Wemple, San Francisco; Frank Garcelon, Pomona; Harry M. Sherman, San Francisco; Lincoln Cothran, San Jose; Geo. F. Reinhardt, Berkeley; Ethel L. Leonard, Los Angeles; Wm. F. Snow, Stanford University; Chas. C. Browning, Highland; L. M. Powers, Los Angeles; C. Van Zwalenburg, Riverside; Wm. H. Flint, Santa Barbara; Jno. C. King, Banning; Dudley Tait, San Francisco; Phillip Mills Jones, San Francisco; O. K. Stafford, Santa Ynez; P. C. H. Pahl, Los Angeles; W. H. Roberts, Pasadena; W. B. Stephens, San Francisco; Barton J. Powell, Stockton; Hayward G. Thomas, Oakland; Chas. C. Wadsworth, San Francisco; J. J. Knowlton, San Luis Obispo; Alfred B. Grosse, San Francisco; Wm. Ellery Briggs, Sacramento; B. F. Church, Los Angeles; Alfred Elchler, San Francisco; F. M. Pottenger, Monrovia; James T. Watkins, San Francisco; A. H. Pratt, Oakland; W. T. Lucas, Santa Maria; Anna M. Mosgrove, San Francisco; Margaret H. Smyth, Stockton; Martin H. Fischer, Berkeley; R. O. Dresser, Paso Robles; W. E. Bates, Davisville; H. S. Gordon, Santa Ana; E. E. Kelly, San Francisco; Lula T. Ellis, Los Angeles; Rose T. Bullard, Los Angeles; Wallace I. Terry, San Francisco; Alexander S. Lobingier, Los Angeles; T. C. Edwards, Salinas; Fred Baker, San Diego; Charlotte

J. Baker, San Diego; C. S. G. Nagel, San Francisco; Kaspar Pischel, San Francisco; Geo. L. Eaton, San Francisco; Edward von Adelung, Oakland; Chas. H. Dozier, San Francisco; H. M. Cox, San Luis Obispo; J. L. Milton, Oakland; H. J. B. Wright, San Jose; W. T. Maupin, Fresno; Chas. A. Dukes, Oakland; R. L. Hogg, Saratoga; J. W. Graham, Lompoc; Emmet Rixford, San Francisco; George Blumer, San Francisco; A. Barkan, San Francisco; Geo. Chismore, San Francisco; Geo. L. Cole, Los Angeles; E. H. Woolsey, Oakland; W. F. McNutt, San Francisco; M. Krotoszyner, San Francisco; E. L. Paulding, Arroyo Grande; H. A. L. Ryfkogel, San Francisco; Pauline S. Nusbaumer, Oakland; D. Brumwell, King City; A. H. Mays, San Salito; R. W. Brown, Nipomo; J. H. Hollister; A. J. Sanderson, San Francisco; J. F. Lilley, Oakland; J. A. Black, San Francisco; O. Stansbury, Chico; R. D. Rigdon, San Francisco; E. G. Frisbie, San Francisco; J. M. Shannon, Oakland; Edward N. Ewer, Oakland; J. H. Tebbetts, Hollister; A. W. Morton, San Francisco; T. C. McCleave, Berkeley; J. Maher, Oakland; M. A. Austin, San Francisco; R. T. Stratton, Oakland; Henry H. Sherk, Pasadena; Chas. D. Lockwood, Pasadena; J. Lambert Assay, San Jose; Wm. F. Barbat, San Francisco; C. H. Bulson, Lincoln; C. W. Pierce, Los Angeles; J. H. Davison, Los Angeles; G. A. Hare, Fresno; Frank L. Adams, Oakland; Thomas Morton, San Luis Obispo; J. P. Dunn, Oakland; Mariana Bertola, San Francisco; H. C. Bagby, Santa Maria; J. S. Jackson, San Luis Obispo; Henry Gibbons Jr., San Francisco; P. J. Parker, San Diego.

#### DEATHS.

Dr. Clinton Cushing, for many years a member of the staff of Cooper Medical College, died May 11th, in Washington, D. C., in which city he had a home where he spent part of each year. Dr. Cushing came to Oakland in 1867 from Chicago. He graduated from Rush Medical College in 1865, and had been a member of the Medical Society of the State of California for over twenty years. The San Francisco County Medical Society elected Dr. Cushing an honorary member at the May meeting, in recognition of his attainments, and in order that he might have retained his membership in the State Society, as he had become a "permanent" member, a class not provided for in the new constitution.

Dr. Hugh Hamill Davis died at his home at Sonoma on May 8th, at the age of 62. Dr. Davis was born in Pennsylvania, and upon graduation from high school joined the Union army, and served during the Civil War. After the war he entered the medical department of the University of Pennsylvania, and graduated in 1868. He came to California soon after, and after serving as an army surgeon for several years, in 1884 settled in Sonoma county. He was resident physician at the Home for Feeble-Minded at Eldridge, 1891-92, since which time he was a resident of the town of Sonoma. Dr. Davis was a charter member of the Sonoma County Medical Society. Dr. Mallory, secretary of that society, in reporting the death of Dr. Davis, writes: "The society loses an honored member and the community a good, faithful and conscientious adviser."

Dr. Roberdeau Harmon of Oakland died of heart disease May 18th. His dead body was not found until Saturday, the 21st, when it was discovered in the back office of Dr. H. E. Muller, whose practice he was attending to during Dr. Muller's absence in the East. Dr. Harmon graduated from the Medical Department of the University of California in 1879, and was licensed in 1880.

## MEDICAL SOCIETY MEETINGS.

## Alameda County.

Regular meeting, May 10, 1904. President Dr. J. Maher in the chair.

"Endocarditis." Dr. T. J. Clark of Berkeley presented a paper on this subject, in which he brought out the important points in regard to the disease, and exhibited a patient presenting the following history: L. B., a girl 11 years old; family history free from rheumatism. In November, 1900, she had her first attack of articular rheumatism, the hips, knees and ankles being involved. She was confined to her bed for three weeks, when the pain and fever subsided, but an anemic condition persisted, and she did not recover her strength completely. From this time she was comparatively well until the following May, when she had her second attack, the wrists and elbows being involved. In September, 1901, I first saw her. She then had arthritis of the wrists and ankles, a temperature of 103 degrees, pulse 120, and was very anemic. Examination of the heart disclosed a soft blowing, systolic murmur at the apex, replacing the first sound. A diagnosis of rheumatism with endocarditis was made, and the patient given absolute rest in bed, where she was forced to remain for five months. During the first three months the heart's action was rapid and tumultuous, but this was controlled by the ice bag. After this time the patient steadily improved, and has had no return of the heart symptoms or rheumatic trouble. The patient was exhibited, and on close examination no cardiac murmur was discovered.

The discussion was opened by Dr. F. L. Adams, who emphasized the difficulty of the diagnosis of rheumatism in children, the symptoms often being slight or unnoticeable, and a cardiac murmur discovered later.

J. M. SHANNON,  
A. S. KELLY,  
Publication Committee.

## California Academy of Medicine.

The regular meeting of the Academy of Medicine for April was held on Tuesday, the 23rd, at the Philomath Club rooms; Dr. Thos. W. Huntington, the president, in the chair. Dr. Howard Morrow presented a patient with a tumor of the right side of the jaw which had developed rapidly within the past few months. When first seen the tumor was thought possibly an echinococcus cyst; examination of the small yellowish granules in the pus did not support this theory. Later, the diagnosis of carcinoma (inoperable) was made. Exposure to X-rays had given relief from pain and slightly reduced the size of the mass, but metastasis had appeared in the neck. The paper was discussed by Drs. Huntington, Barbat, Montgomery and Morrow, the general opinion being that operations upon cancerous growths of this sort, in the region of the head, neck or face, were almost without exception, unsatisfactory.

Dr. Henry Kreutzmann read a paper on "Transverse Supra-Pubic Division of the Skin Applied for Simultaneous Performance of Intra-abdominal or Intrapelvic Operations and Inguinal Shortening of the Round Ligaments." He reiterated his previously expressed condemnation of the ventral suspension or ventral fixation operation in the majority of cases; he thought it only justifiable in a very few carefully selected cases. The operation described, however, he thought had everything to recommend it, when indicated and properly performed. The paper was discussed by Drs. Moss, Brunn, Barbat and Kreutzmann.

Dr. D. W. Montgomery read an interesting paper on "The Statistics of Chancre," covering his clinical experience with syphilis during the past fourteen years. The deductions were both interesting and valuable, but cannot be done justice in a brief abstract.

On motion, a committee of three was appointed to draft resolutions upon the death of the late secretary of the Academy, Dr. Louis A. Kengia.

Dr. A. W. Hewlett was elected secretary to fill the unexpired term of office.

## Humboldt County.

The regular meeting of the Humboldt County Medical Society was held in Eureka on May 10th, Dr. Sinclair presiding. The paper of the evening was read by Dr. Louis P. Dorais of Eureka on "Phlyctenular Keratitis," a copy of which is inclosed.

G. N. DRYSDALE, Secretary.

## Orange County.

The Orange County Medical Society held its annual meeting and banquet at Elks' Hall, Tuesday evening, May 3rd. There were fifteen members and twelve ladies present. After reading the minutes and the annual reports, the retiring president, Dr. Freeman, delivered his address, the subject being "Preventive Medicine." He especially handled the Legislature without gloves, and denounced the custom of making health boards political appointments. The officers elected (See JOURNAL, May, page 166.) were installed. All repaired to the banquet-room where the company enjoyed a feast, interspersed with toasts, and had a general good time, characteristic of these annual meetings in our Society.

H. S. GORDON, Secretary.

## Sacramento County.

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. W. A. Briggs on March 17th, it being also the annual meeting of the Society.

The following members were present: Drs. Atkinson, Baldwin, W. E. Briggs, Cartwright, Cox, Duffey, Hatch, Henderson, James, Look, McGavern, McKeen, Nichols, Parkinson, Ross, G. C. Simmons, G. L. Simmons, S. E. Simmons, Strader, Twitchell, G. A. White, J. L. White, Wright, Wilder, Foster and Wheeler, and special guests of the Society, Drs. Herbert C. Moffitt, of San Francisco; W. E. Bates, of Davisville; Drs. Miner and Hamilton, of Sacramento.

The secretary and treasurer's report was read and accepted, and ordered placed on file.

The president then made an address summing up the work of the year, giving also a brief history of the Society. Election of officers was then proceeded with, with the following result: President, Dr. A. M. Henderson; secretary and treasurer, Dr. J. W. James; directors (5), Drs. H. L. Nichols, G. L. Simmons, W. A. Briggs, A. M. Henderson and J. W. James; delegates to the State Society (2), Drs. Jas. H. Parkinson and W. E. Briggs; alternates, Drs. S. E. Simmons and A. M. Henderson.

The newly elected president then took the chair and the regular business proceeded. Dr. G. A. White reported a case of Cholelithiasis, the gall bladder containing atheromatous concretions resembling gall stones.

The paper of the evening was read by Dr. Herbert C. Moffitt of San Francisco, on "Some Unusual Forms of Exophthalmic Goitre; their Diagnosis and Treatment." The discussion was opened by Dr. W. E. Bates, of Davisville, and Dr. S. E. Simmons, and participated in by many present.

A motion was made to the effect that Dr. Moffitt be given the thanks of the Society for his kindness in

visiting the Society and presenting so valuable a paper. The motion was carried by a unanimous vote. Meeting then adjourned.

The Sacramento Society for Medical Improvement met in regular session on April 26th, at the office of Dr. Nichols. The president, Dr. Henderson, being absent, Dr. Nichols occupied the chair. The following members were present: Drs. W. E. Briggs, Hanna, Hatch, James, Krull, McGavereen, McKee, Nichols, Parkinson, Ross, G. C. Simmons, G. L. Simmons, S. E. Simmons, Strader, Sutcliffe, Twitchell, J. L. White, Wright and Wheeler, and by invitation Dr. Williams of Nevada.

A communication was received from the secretary of the Canadian Medical Society, inviting the Sacramento society to attend the meeting of the Canadian Medical Society at Victoria, in August. A motion was made that the secretary return the thanks of the Sacramento society for the courtesy of the invitation. Motion was carried.

An application for membership was received from Dr. Hamilton, which was allowed to take the usual course.

Dr. Parkinson, delegate to the State Society, then made his report.

A motion was then made that a committee be appointed to frame resolutions relative to segregating the different schools of medicine in the State Register of Physicians, also the irregular, the resolutions to be sent to the Council. Motion was carried.

The committee drafted the following:

Whereas, There was published in 1903, by the publication committee of the Medical Society of the State of California, a Register and Directory of Physicians and Surgeons practicing in the state; and

Whereas, The said publication shows a departure from the plan of former registers in its arrangement and classification; therefore be it

Resolved, That we protest against said innovation, and respectfully ask the committee on publication of our State Society to compile future registers upon the plan of placing the name of each practitioner of medicine and surgery under the caption to which he or she belongs, and that due care be exercised in eliminating the names of disreputable physicians, without regard to the fact of their holding a state license.

Dr. Nichols then entertained the society with many profitable and interesting reminiscences.

J. W. JAMES, Secretary.

#### San Francisco County.

The regular monthly meeting was called to order at 8:30 o'clock, May 10th, President Rosenstirn in the chair.

The minutes of the previous meeting were read and approved.

Propositions for membership: Drs. Charles Downes, D. F. Ragan, H. T. Rooney, J. H. Soper, Henry du R. Phelan, F. H. Ainsworth, J. de Chautreau.

The following papers were presented to the society:

Chronic Nephritis—"Pathology," Dr. William Ophüls; "Medical Treatment," Dr. J. Wilson Shiels; "Surgical Treatment," Dr. J. Henry Barbat.

The amendment to the by-laws introduced last month was adopted.

A communication from the secretary of the State Society was read with reference to payment of one-half the yearly dues. Motion made and carried that the request be granted.

It was moved and seconded that Dr. Clinton Cushing be elected an honorary member of this society; passed.

Dr. Philip Mills Jones offered the following amendments to the constitution and by-laws:

Substitute the following for Article III of the constitution:

#### MEMBERS.

Every legally registered physician residing and practicing in the County of San Francisco, who is of good moral and professional character and standing, and who does not support or practice, or claim to practice, any exclusive system of medicine, shall be eligible for membership. Applicants for membership shall be proposed in writing at a stated meeting, by two members of the society; their names shall be conspicuously posted in the library of the society until the next regular meeting; they shall exhibit to the committee on admissions a certificate from the Board of Medical Examiners of the State of California, or other evidence of a legal authorization to practice medicine within the State of California. Membership will be conveyed by the announcement, at a regular or stated meeting, by the president, of a favorable report from the committee on admissions.

Physicians temporarily residing in San Francisco, and physicians connected with the Army, Navy and Public Health and Marine Hospital Service, will at all times be welcomed as guests of this society.

Amend Article III of the by-laws, page 7, lines 10 and 11, by striking out "one week," and substituting therefor the words "three weeks"; line 14, by striking out the words "board of trustees," and substituting therefor the words "house of delegates."

Amend Article XV of the by-laws by striking out the word "due," page 13, line 8, and substituting therefor the words "thirty days," and inserting after the word "notice" the words "by registered mail addressed to his last known address"; on line 9, by striking out the word "may," and substituting the word "shall"; by striking out all of the same sentence following the word "roll."

#### Discussion on Nephritis.

Dr. George H. Blumer—The subject has been taken up so thoroughly that there is very little left to discuss. In the first place, with regard to the cause of death in these cases. In some forty or fifty autopsies which I have done in the last six or seven years, I have found that at least 60 per cent did not die from uremia, but died from secondary bacterial infection. Another point which Dr. Ophüls brought out, and a point which is not well appreciated as it should be, is the question of albuminuria in chronic interstitial nephritis. Urine should be examined repeatedly, and also taken at different times of the day. The general practice is to examine it early in the morning, but in a great many cases of chronic nephritis that sample will fail to show albumin where later in the day it will show it. The same thing is true of casts. In a great many instances the casts appear only intermittently, and it may be necessary to examine often. It has been too much the custom to diagnose every case which presents albuminuria, as Bright's disease. I have had urine sent to me with a diagnosis of Bright's disease simply because albumin and perhaps a few casts are present. This is especially apt to occur in cases of arterio-sclerosis, or heart disease, where chronic passive congestion of the kidneys causes albumin and casts. I think that there is no such thing as physiological albuminuria. Dr. Ophüls stated that many of these patients go on to old age; but there is a very great difference of opinion in this matter. I think it is possible to interpret Dr. Pierce's work as applicable to human pathology. He was unable to produce nephritis in dogs through primary inoculation, but it is said that by injecting the serum of dogs who had nephritis into other dogs he was able to produce nephritis. I believe that in connection with nephrotoxin work there is a possibility of some therapeutic results. With regard to the relation of nephritis to arterio-sclerosis I agree with the opinion to ascribe the majority of cases to arterio-sclerosis. From the pathological view there is very little excuse for decapsulation of the kidney for chronic nephritis. The subject has been attacked experimentally by Johnson and others, who have shown no pathological explanation for the results achieved. The capsule reforms, thicker than originally, and no collateral circulation is formed. The great claim of Edebohl has been that the benefit was due to the formation of the collateral circulation. Probably the relief of pressure is most important. We should always take into consideration the fact that a certain amount of blood is lost at these opera-



tions, and blood letting has a favorable effect on nephritis. It seems rational to think that after this operation for decapsulation, when the new capsule has formed the last condition of the patient will be worse than the first. I do not see any reason to believe that the newly formed tissue will act different than any other newly formed tissue.

Dr. George H. Evans—I regret that with these papers we have not had anything said on the diagnosis of this disease. It would bring out a general discussion in particular on albuminuria. Dr. Blumer has reviewed Dr. Ophüls' paper very thoroughly. I am glad that Dr. Shiels has mentioned that we are no longer resorting to milk diet. Instead of diet which is saving the kidney, it is irritating it. I was pleased with the extremely conservative paper of Dr. Barbat. No one can look over the tabulated reports of cures by decapsulation of the kidney without being impressed by the inconsistency between the symptoms as recorded in these reports and the diagnoses made. Take the cases that show by the symptoms that they are real cases of nephritis and you are struck by the uniform fatality. Most are not cases of nephritis at all, but cases of movable kidneys. They are relieved of all the symptoms and go on to cure.

Dr. H. Harris—In connection with the papers read here this evening I brought this patient on whom decapsulation has been performed. This patient was first seen about one year ago. He was taken sick in May, 1905, and came to us in June at the Cooper Medical College. When first seen there was only one way to describe his condition. He was water-logged. The visual orifice was swollen, and he could barely see; the skin was literally bursting. For one month the patient made no progress, although he had vigorous treatment. The urine did not vary very much. The urine decreased in amount varying from 130 to 150 cc. High specific gravity, red in color, large number of hyaline, leukocytes, epithelial casts. Very large number of fatty casts, renal epithelium, leukocytes and red blood cells. Another one month did not improve, in spite of treatment, liquid diet, rest in bed, sweat baths and ice enemata. Finally he began to improve. At the end of two and a half months he left the hospital. We sent him home and put him on vegetable diet, with one or two eggs a day. He grew worse, and at the end of six weeks was in the same condition as when first seen. In November the patient again returned to the ward, worse than when first seen. The diagnosis was of chronic parenchymatous nephritis. He was treated for one month unsuccessfully. At times he voided 100 to 150 cc. per day, very rich in albumin, as much as 3 per cent. Enormous number of casts. Dr. Stillman operated December 16th, doing a bilateral decapsulation of the kidneys. For one month after the operation the patient's condition was about the same. The patient was then put on ice enemata, and gradually began to improve. The improvement, once having begun, was very rapid. At the end of four weeks he was walking about. He was discharged on March 3d, about nine weeks ago, and is now as you see him, very much improved. The question is how much we can attribute to the operation. That is a difficult thing to say. The best way is to compare his present condition with that after the first and second admission to the hospital. Then he went downward so that he could not be kept out of the hospital more than six weeks. The improvement is in the patient more than in the urine. At the present time he has a little edema about the ankles, no ascites, no hydrothorax; pulse 21 to the quarter; low tension, regular. The urine is not improved in the same degree that the patient has improved, but has been increased in amount since the operation. He measures the total amount of urine from 7 A. to 7 P. M., and since May 1st up to to-day it has been 1,400 to 3,000 cc. per day. The albumin runs about .4 to .8 of 1 per cent.

Dr. Voorsanger—Dr. Shiels has struck the keynote when he says that we should protect an organ, even when we cannot cure. The line of work which Dr. Van Orden is carrying out with his assistants is very interesting. Dr. Kaufmann and Dr. Moor want to show that the kind of food is not as essential as formerly thought. We should observe the blood pressure very carefully, and try, if possible, early in the disease to diagnose a beginning heart lesion by the raised blood pressure. I remember some experiments carried on two years ago in Berlin where we tried to show that a heart lesion could be early diagnosed by a rise in blood pressure.

Dr. Fehleisen—I think the results of the surgeons have not been very favorable with Edebohl's operation. I have operated in only four cases. In two of these cases there was no result at all. One patient was improved, but it is not long enough to say what the final result will be. One patient was operated on twenty months ago. The patient was under treatment at least a year before. He was in bed eight weeks before. He had parenchymatous nephritis. There were epithelial casts, and from 3 to 6 per millimeter of albumin; immediately before the operation averaged about 5 per millimeter. He was operated upon; the result during the first week was not evident, but when the casts disappeared the albumin disappeared. During

the last two months no casts and no albumin, in some examinations; no casts but trace of albumin in others. I believe we should not give up the Edebohl operation entirely.

Dr. Himmelsbach—In these cases, in order to know whether diet is of any benefit or not, we should have a standard. We should know the standard amount of albumin excreted. If a patient looks well and acts well, we should keep him on the diet. I do not think that any patient treated by the Edebohl's operation was cured. In order to have a cure the albumin and casts must have disappeared, the amount of urea must be normal for about six months, and all the symptoms of chronic Bright's disease must have disappeared.

Dr. McNutt—There are few diseases on which climate has as great influence as on chronic nephritis. These patients should be sent to a warm climate, be careful about the clothing, regulate the diet, and the results are sometimes wonderful. I do not see anything wonderful in this patient of Dr. Harris. You see many cases of extreme anasarca, ascites, etc., which do perfectly well without any surgical measures. I have never had any experience with relieving the kidney of the pressure, but in a very much contracted kidney where there has been a great deal of proliferation with fibrous tissue, which we know will contract, I think it might be benefited by relieving the pressure of the contracting capsule.

Dr. George Shiels—These papers have been most interesting. We have heard Dr. Barbat's excellent paper, and know of the work of the two authorities whom he mentions, one advising decapsulation of the kidney, the other to await proof from the laboratory findings of Bright's disease. Here before us to-night we see this patient of Dr. Harris, who was at the point of death, now in a fairly good state of health. We know that Edebohl does not say that he can cure Bright's disease. He claims that he makes sick people well enough to go on with their work in life. For that reason we should not condemn the Edebohl operation if we have failures. It is our duty to do what we can to protect an organ if we cannot cure it. We should not condemn the operation, and we should stop discussing things which we do not seem to understand.

Dr. Perry—Very little has been said about the diagnosis and prognosis of this disease. I have worked with taking blood pressure in various diseases, and I find that it is of great importance both in the diagnosis and the prognosis. It is my experience when albumin in considerable amount is in the urine and the blood pressure is not above 160, the prognosis is good. When the blood pressure is not above 140 millimeters the prognosis is good. When there is a sudden drop of 20 or 30 millimeters it is a very bad prognostic. This high blood pressure is conservative.

Dr. Goodfellow—I have had experience in one case, and my conclusions have been published. I agree with Dr. Shiels concerning the Edebohl's operation. As far as I know he does not claim to cure Bright's disease. I do not know what Bright's disease is. We have no idea. It is a disease of the kidneys wherein the symptoms of albuminuria, anasarca and ascites are present. We are treating the expression of the general condition. The feature is not the disease. It is the condition pre-existing which produces that. What we expect to cure I do not know. If we can relieve the existing symptoms by operation we should do so.

Dr. Sprague—I can speak of this disease from experience. Four years ago a diagnosis was made in my case of chronic interstitial nephritis by authorities in New York. Following that I had several attacks of acute nephritis, hematuria, albumin, granular, hyaline, epithelial cells, blood cells and pus. Previous to this first examination of my urine I suffered from chronic indigestion, which I think was brought about by attacks of malaria. Chronic nephritis in its various forms is produced by faulty metabolism. I also believe that there are micro-organisms in the alimentary canal, which are a cause of this trouble. I think the one treatment for Bright's disease is a well-regulated diet, vegetable and animal. I believe the elimination should be attended to. I believe in Rochelle salts. Patients ought also to be out of doors day and night.

Dr. Pischel—I wish to say only a few words with regard to the part which the eye takes in this disease. It is very often the oculist who tells the patient for the first time what his trouble is.

Dr. Ophüls—As far as the physiological albuminuria is concerned, that is a much-disputed point. There is a certain type of chronic contracted kidney, apparently due to arterio-sclerosis. I did not go into these details, in order not to be too lengthy. As far as the nephrotoxin theory is concerned, I cannot follow Dr. Blumer. Pierce found poisons in dogs which had nephritis. I do not think they could be called nephrotoxins. It is all very theoretical; but first of all we must have the proof that nephrotoxins are formed at all.

Dr. Barbat—I did not say anything against the Edebohl's operation. If any procedure will relieve any disease, we ought to make use of it. I have decapsulated kidneys, and I shall decapsulate kidneys in every case where medical treatment is of no avail.

**San Joaquin County.**

The regular meeting of the San Joaquin County Society for April was held at the residence of Dr. A. W. Hoisholt, who read a most valuable paper on "Huntington Chorea," and demonstrated two cases.

BARTON J. POWELL, Secretary.

**Sonoma County.**

The Sonoma County Medical Society met in Eagles' Hall at 8 P. M., May 12th., Dr. J. W. Jesse in the chair, and a goodly number of physicians were present. Dr. M. M. Shearer, who had prepared a paper, could not be present, so the fee bill was taken up. After very interesting discussions as to charges in different diseases, an agreement was reached.

Dr. W. J. G. Dawson of the Home for Feeble-Minded at Glen Ellen, was present, and gave us a talk that made us glad that we were present. Dr. George Ivancovich of Petaluma, our delegate, gave us a short account of his views of the State Medical Society in convention at Paso Robles. It must have been worth attending.

Discussion on the new remedy, epinephrin, its dosage and uses, was quite interesting. Though we all use epinephrin, we like to hear from specialists—those more familiar with its use—how they use it, etc.

Our next meeting, on June 9th, will be a lively one. We shall try to adopt a fee bill, and we wish for a full attendance. G. W. MALLORY, Secretary.

**Southern California Medical Society.**

The regular semi-annual meeting of the Southern California Medical Society was held at Los Angeles, May 4 and 5. On the program were the following papers: "Pathology and Its Relation to Therapeutics," by E. S. Pillsbury, Los Angeles; "Interesting Case of Infection by Bacillus Coli Communis," by W. W. Roblee, Riverside; "Public Health," by S. P. Black, Pasadena; "Para-Syphilitic Affections," by Ralph Williams. Evening session, "Intestinal Suturing," by Rose T. Bullard; "Report of a Case of Intestinal Suture, by Connell's Method," by Lincoln Rogers; "The Surgical Treatment of Cancer," by A. S. Lobingier; "Treatment of Puerperal Fever," by Jos. M. King, Los Angeles; "Care of the Pregnant Woman," by Claire W. Murphy. Thursday session, "The American Girl and Her Peril," by F. R. Burnham, San Diego; "Report on Mastoid Cases," by H. Bert. Ellis; "Importance of Early Diagnosis and Treatment of Anterior Uveitis," by Samuel Outwater, Riverside; "Facial Paralysis," by R. G. Taylor, Los Angeles; "Cardiac Stimulants," by H. S. Gordon, Santa Ana; "The Role of Heredity in Disease," by Mary E. Dennis, Los Angeles; and "Lateral Curvature," by P. C. H. Pahl, Los Angeles. Thursday evening the society enjoyed a theater party, followed by a supper.

**South Side Physicians.**

At a meeting called for the purpose, at Dr. Alfred Eichler's office, May 20, 1904, permanent organization was effected of the Association of South Side Physicians of San Francisco.

Dr. Alfred Eichler was elected president, and Dr. William F. Barbat, vice-president.

The objects of the association are the promotion of mutual interests and acquaintance.

A. L. W. ZILLMER, Secretary.

**AMERICAN PROCTOLOGIC SOCIETY.**

The sixth annual meeting of this society will be held at Seaside House, Atlantic City, N. J., June 8

and 9, 1904. Papers will be read by the following: Drs. J. M. Mathews, J. R. Pennington, Jno. L. Jenks, L. H. Adler, S. G. Grant, S. T. Earle, G. B. Evans, Wm. L. Dickson, T. C. Martin, L. J. Krouse, Howard A. Kelly, F. W. McRae, J. P. Tuttle, A. Tierlink, Geo. J. Cook, and Leon Strauss.

**Washington State Society Meeting.**

The annual meeting of the Washington State Medical Society will be held in Seattle, July 12th, 13th and 14th. It is a beautiful time of the year to visit the northern coast country, and the meeting will undoubtedly be an unusually pleasant and profitable one. As many of our California physicians as can possibly get away should avail themselves of this opportunity to go north and meet their professional brethren of Washington.

**Meeting of the Canadian Medical Association.**

The annual meeting of this Association will be held at Vancouver, B. C., August 23 to 26, 1904. The Association has sent a very cordial invitation to the members of our Society to be present at this meeting, and it is earnestly desired that California shall have a good representation. Any of our members who may be able to attend will be assured of a most cordial welcome, and of a very interesting and instructive program. The Canadian Association is sending out a large amount of interesting literature, and making a very industrious campaign on the Coast, to the end that professional brethren from all quarters may be brought to attend.

The Tri-State Medical Society of Iowa, Illinois and Missouri will meet in St. Louis, June 15, 16 and 17. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the country will attend the meeting. The president is Dr. W. B. La Force, Ottumwa, Iowa; and Dr. Louis E. Schmida, 1003 Schiller Building, Chicago, is the secretary. Dr. James Moores Ball, 3509 Franklin Avenue, St. Louis, is chairman of the Committee of Arrangements.

**PUBLIC HEALTH COMMISSION OF CALIFORNIA.**

The regular meeting of the Federal, State and Municipal Board of Health, for April, held at the offices of the Public Health and Marine Hospital Service, San Francisco, April 30, was noteworthy. At this meeting it was decided to organize a permanent Commission for California, which would be somewhat broader in its scope than anything heretofore existing. Just exactly what work the new Public Health Commission will do remains to be seen; it is to be hoped that it will be energetic in whatever it undertakes. The following officers were elected: Rupert Blue, president; M. Regensburger, first vice-president; J. W. Ward, second vice-president, and Louis Levy, of the San Francisco Board of Health, secretary. It was decided that the Governor of the State, the Mayor of the city and members of the county boards of health be made ex-officio members.

Dr. A. H. Mays, one of the Councillors of the State Society, has gone to Europe for his vacation.

Through the liberality of Mrs. Robert J. Burdette, the maternity wing of the Pasadena Hospital has been completed and dedicated.

Change of address, San Francisco: Dr. A. B. Grosse, from 803 to 751 Market street; Dr. D. A. Hodghead, from 1025 Sutter street to Grant Building.

## A CASE OF GALL-STONES.\*

By E. HARBERT, M. D., Stockton.

THE case that I have to report to-night is one that I saw two years ago in consultation with another physician. At that time the patient was suffering from a malignant condition of the uterus. The patient was 38 years old, a mother of five children, of healthy parents, with no hereditary taints whatever to be noted in her family's history. Her health prior to that date had been bad for several months and she had received local treatment, which resulted in but little improvement. An operation was advised and agreed to. The patient was removed to the hospital and prepared in the usual way and a hysterectomy followed, together with removal of tubes and ovaries.

The patient was on the table about fifty minutes and was removed in good condition, suffering very little from shock and nausea. Her convalescence and recovery were uneventful, and at the end of five weeks she had gained considerable weight and was entirely free from pain or other symptoms. About twelve months after the operation she began to complain of severe pain arising from an eruption that made its appearance on various portions of the body. The first came over the left trochanter, forming a brown blotch about the size of a dollar and regular in shape. The blotch had the appearance of being an extravasation of blood beneath the cuticle. It was intensely sensitive to touch and made the patient so lame that she could not bear her weight on that leg. This place remained in evidence for two weeks, gradually fading, giving way to others of like character, making their appearance on some other part of the body, usually on the lower extremities, although there were several on the trunk.

I could not account for the origin and nature of these spots, as I had never seen anything like it before. There was no rise of temperature nor acceleration of pulse. A number of remedies were employed, both local and constitutional, with no appreciable benefit. She passed along for about six weeks in this condition, getting no better, but instead began to complain of tenderness over the entire abdominal cavity, the most tender point being near the pit of the stomach; she had some diarrhea, passing considerable mucus and occasionally blood-stained. These symptoms were somewhat accelerated from day to day, accompanied by a hacking cough that seemed never ceasing. This cough grew gradually worse until the patient was entirely exhausted from its intensity and for the want of sleep. The only respite she could get was when she was under the influence of  $\frac{1}{2}$  grain of morphin. I want to mention here that this cough did not present any of the characteristic features of pulmonary disease. There was never at any time any expectoration or other symptoms pointing to disease of the lungs. She was seen and examined by a consulting physician, who found enlarged turbinates, which were supposed to give rise to the cough. She was accordingly operated on, the turbinate removed, and the cough immediately relieved. The patient had no return of same and after about six weeks of treatment for colitis and enteroptosis, she returned to Stockton with no cough and slightly improved generally. She had been home but a few days, when the old cough began to make its appearance, gradually increasing in intensity until she was in worse condition than ever before. It was decided, owing to the extreme tenderness in the region of the stomach and along the free border of the costal cartilage on the right side, to make an exploratory incision over the gall bladder for the purpose of examining the contents of the

same, as well as the region thereabouts. After the usual preparation for such operations, the patient was anesthetized and an incision made along the external border of the rectus muscle extending down about four inches; the abdomen being open, the first two fingers of my right hand were introduced. Besides some adhesions around the gall bladder, there was nothing discovered until the cystic duct was approached, and therein was discovered a calculus firmly imbedded. After segregating bladder and protecting the peritoneal cavity and its viscera, the bile was drawn off and the fundus incised, making an opening large enough to introduce an ordinary sized spoon curette; two fingers of the hand were passed down beneath the stone and with a gentle and careful milking of the duct, the stone was slowly but surely forced back into the bladder, after which it was easily removed. The incised viscus was closed with continuous silk suture, the wound cleaned, the abdomen closed and the patient put to bed, having been on the table about forty minutes. The patient made an uneventful recovery and has never had a symptom since she went on the operating table, this being about six months from that time. The special points in this case making it different from others, are the peculiarity of eruption, the absence of the usual symptoms of gall-stones (with the exception of pain) and the persistent cough that was indeed hard to account for, and the relief following operation on the nose. In the majority of cases of biliary calculi, the diagnosis is easily made, but in some instances there are but few things that require more skill on the part of the physician to arrive at a correct understanding. Usually we have pain of somewhat peculiar character beginning over the gall bladder and radiating to the shoulder, which may be of a mild form, but is most usually very severe. Icterus may be present or absent. When there is any infection we have fever, the rise of temperature being in keeping with the amount of systemic infection. Vomiting is almost always present in acute attacks. Of the many diseases that it may simulate, a few I might mention are: Gastritis, gastric colic, intestinal colic, pleurisy, appendicitis, hepatitis, typhoid fever, malaria and cancer. In endeavoring to make a differential diagnosis, I find it convenient to follow the plan laid down in some recent text books, to note carefully the clinical history and ascertain whether the pain is hepatic, renal or intestinal, and where the symptoms lead us to suspect the involvement of the hepatic region, the effort to elicit crepitus should be made and the feces thoroughly examined for the presence of concretions, which, when found, complete the diagnosis. The use of the X-ray is an important adjunct in making the diagnosis. It is well to remember that hepatic calculi may be present at all ages; even the unborn infant has been known to have them. It regard to the treatment of biliary calculi it is interesting to note that in the past ten years the treatment which was largely medical, has changed to that of being largely surgical, undergoing a slower, but just as sure evolution as did appendicitis.

There are but few of us so young in the work but remember that the universal treatment of this condition was the administration of drugs supposed to have some solvent action on the bile and calculi. Today there are but few physicians who give sweet-oil, thinking it will dissolve gall-stones. Under the present surgical mode of treatment, we have a much too high mortality, which reaches to about 30%, in all cases going to hospitals. This high death rate can be accounted for when we remember that those patients operated on, the majority of them

(Concluded on page 204.)

\* Read before the San Joaquin Medical Society.



## SYNONYMS.

"Things which are equal to the same thing, are equal to each other."—*Axiom No. 1, p. 19 Davies' Legendre, Edition 1860.*

Few physicians know that many of the "new remedies" marketed under fanciful trade names are identical with remedies having dissimilar names, or are old preparations which have been given fancy names in order to create a false market for the thing in question. For the benefit of physicians and pharmacists the following table has been compiled and will be added to as the requisite information is obtained. The information is secured from chemists and from medical and pharmaceutical journals, and is correct in the main. Should any errors creep in they will be corrected as soon as detected. *Until sufficient evidence to the contrary is forthcoming, it must be assumed that there is no question of substitution involved when the pharmacist supplies a given article under any one of its synonymous names.*

<b>Adeps lane hydrosus</b> .....	{ Anasalpin Lanolin Lanum
<b>Argentum Colloidale</b> .....	{ Argentum Crede Collargol Colloidal silver
<b>Beta-naphthol benzoate</b> .....	{ Benzo-naphthol Benzoyl-beta-naphthol
<b>Beta-naphthol Salicylate</b> ....	{ Betol Naphthalol Naphthosalol Salinaptol
<b>Bromacetanilid</b> .....	{ Antiseptin Asepsin
<b>Bismuth-iodo-subgallate</b> ....	{ Airol Airogen Airolform
<b>Calcium beta-naphthol sulphonate</b> .....	{ Abrastol Asaprol
<b>Creosote Tannate</b> .....	{ Creosal Tannosal
<b>Dimethyl - ethyl - carbinol chloral</b> .....	{ Dormiol Amylene-chloral
<b>Dithymol Dilodid</b> .....	{ Aristol Annidalin Di Thymol Iodid Di Iodo Dithymol (And several other similar names.)
<b>† Epinephrin</b> .....	{ Adnephryn Adrenalin Adrenamine Adrenol Adrin Hemostatin Suprarenalin
<b>Ethyl chlorid</b> .....	{ Antidolorin Ethylol Kelene Mono-chlor-ethane
<b>Hexamethylene-tetramine</b> ...	{ Aminoform Ammonio-formaldehyde Cystamine Cystogen Formin Saliformin Urotropin
<b>"", anhydromethylen citrate</b> ..	{ Helmitol
<b>Levulose</b> .....	{ Diabetin Fructose Fruit Sugar
<b>Ortho - ethoxy - ana - mono - benzoyl-amido-chinolin</b> ....	{ *Benzanalgene *Analgen *Quinalgen

<b>Paraphenetin carbamid</b> .....	{ Dulcin Sucrol
<b>Phenyl-dimethyl-parazon</b> . (Germ. Pharm.)	{ Analgesin Anodynin Antipyrin Dimethyloxy-quinizin Methozan Phenazon (B. P.) Phenylon Pyrazin Pyrazolin Parodyn Salazolon Sedatin
<b>Phenylacetamide</b> .....	{ Acetanilid Antifebrin (And several hundreds of trade names for headache powders, etc.)
<b>Phenylmethyl-ketone</b> .....	{ Acetophenone Hypnone
<b>Plant pepsin</b> .....	{ Papain Papoid Papayotin Caroid
<b>Salicylic acid ester of quinine</b> .....	{ Salochinin Saloquinin
<b>Salicylate of Salochinin</b> ....	{ Rheumatin
<b>Sodium sulpho-caffeate</b> .....	{ Nasrol Symphoral
<b>Thyroid gland, dried lactose trituration</b> .....	{ Iodothyrene Thyroidin
<b>Trioxymethylen</b> .....	{ Paraformaldehyde Paraform Triformol

**Abrin** = Jequiritin

**Acetyl-salicylic acid** = Aspirin

**Aluminum aceto-tartrate** = Alsol

**Australian oil Eucalyptus** = Flucol

**Bismuth chrysophanat** = Dermol

**Bismuth phosphate (soluble)** = Bisol

**Bismuth pyrogallate** = Helcosol

**Bismuth subgallate** = Dermatol

**Bismuth beta-naphtholate** = Orphol

**Calcium permanganate** = Acerdol

**Calcium salicylate** = Colchicin

**Catarin hydrochlorid** = Stypticin

**Chloreton, 1% solution** = Aneson

**Creosote carbonat** = Creosotal

**Diethylen-diamin** = Piperazin

**Dimethyl-xanthine** = Theobromine

**Guaiacol carbonate** = Duotal

**Laricinic Acid** = Agaricin

**Magnesium dioxid** = Biogen

**Oxyquinaseptol** = Diaphtherin

**Phenyl-ethyl urethan** = Euphorin

**Saccharin** = Garanotose

**Subgallate of bismuth** = Dermatol

**Sodium chlorate** = Oxychlorine

**Sodium beta-naphtholate** = Microcidin

**Tang-Kui, Fl. extract** = Eumenol

**Trichloroacetic acid, 50% solution** = Acetocaustic

\*Must be very cautiously used, if at all, for the physiologic action is not fully known, and this chemical is said to have very serious effect upon the heart and nervous system.

† See JOURNAL, June, page 178.

## A CASE OF GALL-STONES.

(Continued from page 202.)

in the advanced state of infection, long after the second, third and perhaps twentieth attack of colic has occurred with an impaction, present infection and a general bad systemic condition to deal with. Cholecystotomy, I consider is one of the comparatively safe operations, and is void of great danger to the patient if properly and early done. Gall-stones, to my mind, is just as much of a surgical disease as is appendicitis, and should be dealt with just as promptly, thereby insuring just as satisfactory results. In emphasizing the importance of early operative interference, I would like to quote some of our more experienced men on the subject. The indications for operation in cholelithiasis are thus given by Mayo Robson: 1st. In frequent recurring biliary colic, without jaundice, with or without enlargement of the bladder. 2d. In enlargement of the gall-bladder, without jaundice, even when unaccompanied by great pain. 3d. In persistent jaundice, ushered in by pain and where recurring pains with or without ague like paroxysms, render it probable that the cause is gall-stones in the common bile duct. 4th. In empyema of the gall-bladder. 5th. In peritonitis starting in the right hypochondriac region. 6th. Abscess in and around the gall-bladder. In some cases where gall-stones have passed and adhesion remained and proved a source of pain. In fistula, mucus, mucopurulent or biliary. . . . In certain cases with distended gall-bladder dependent on obstruction in some of the bile ducts. . . . In phlegmonous cholecystitis and in gangrene if it can be seen and recognized early.

Henry Morris gives us about the same reasons for operating. Charles A. Reid and Riedel of Berlin are of the same opinion. Halsted is still more conservative in his treatment. He states that the mortality bears a definite relationship to the pathological condition present. He reports 209 laparotomies with 17 deaths, being 8 per cent, but the mortality was reduced to a minimum in the cases of stone in the bladder and cystic ducts, while it reached 6 per cent when there were changes in the gall bladder.

**Dangers of Proprietary Preparations.** It is not by any means putting the matter too strongly to say that the "patent medicine" habit is one of the gravest curses, with the most dangerous results, that is inflicting our American national life. Sooner or later the people of America must awaken to the fearful dangers that lie in these proprietary preparations. The mothers of our children, in particular, must have their eyes opened to the dangers that lurk in these patent medicines. —*Ladies' Home Journal*.

**Giving Alcohol to Children.** A mother who would hold up her hands in holy horror at the thought of her child drinking a glass of beer, which contains from two to five per cent of alcohol, gives to that child with her own hands a patent medicine that contains from seventeen to forty-four per cent of alcohol—to say nothing of opium and cocaine! I have seen a temperance woman, who raged at the thought of whisky, take bottle after bottle of some "bitters," which contained five times as much alcohol—and compared to which sherry, port, claret and champagne were as harmless as the pink lemonade at Sunday school picnics. —Bok, in *Ladies' Home Journal*.

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A. M. A. Principles of Ethics:

"It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies."